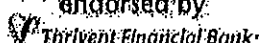


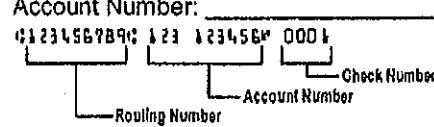
Contributions to Trinity

The **Simply Giving** Program endorsed by Thrivent Financial Bank is a simple, reliable way to make regular contributions to our congregation through automated giving. You may already be using EFT to have your mortgage, car payment or insurance premium automatically withdrawn from your checking or savings account. Now your financial gift to our congregation's ministry can be regular just like these other commitments. There is no cost to you. Please consider whether your stewardship would be enhanced by this convenient, consistent way of giving. You can give monthly, weekly, etc. It will be especially handy when your summer travels begin!

If you would like to participate, please complete the form below and return to Marlys in the church office. Thank you for your prayerful consideration of this giving opportunity.

AUTHORIZATION FORM

The **Simply Giving** Program
endorsed by
 Thrivent Financial Bank

FOR OFFICE USE ONLY		DONOR #		DATE	
Name of the organization: _____					
Last Name			First Name		
Address					
City			State		Zip
Email Address					
DONATION:					
Date of first donation: ____/____/____		Frequency of donation: (please check one)		Amount of first donation: \$ _____	
Date of last donation (optional): ____/____/____		<input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time		Amount of last donation (optional): \$ _____	
Please debit donations from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)			Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 		
AGREEMENT I authorize the above organization and Vanco Services, LLC to process debit entries to my account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.					
Authorized Signature: _____					Date: _____

Please staple voided check here.