



St. John Lutheran
"God's Love In Action"



Your Name:	
Address:	
City, State, Zip:	
Email Address:	

I would like to make the following contribution(s) (check one):

<input type="checkbox"/>	St. John Ministry Support Plan:	\$_____
<input type="checkbox"/>	Other:	\$_____
<input type="checkbox"/>	Total	\$_____

Contact the Business Manager for more information regarding other specific ministries at St. John

Date of First Contribution: ___/___/___

Frequency of contribution (check one):

<input type="checkbox"/>	Weekly - Mondays
<input type="checkbox"/>	Semi-monthly - 1st & 15th
<input type="checkbox"/>	Monthly on the 1st
<input type="checkbox"/>	Monthly on the 15th

Checking/Savings Account Authorization

Please debit my (check one)

<input type="checkbox"/>	Checking account (Attach voided check)
<input type="checkbox"/>	Savings account (Attach voided deposit slip)

Routing # _____
Valid routing # must start with 0, 1, 2, or 3

Account # _____

I authorize the above organization to process debit entries to the above account. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.

Authorized Signature: _____ Date: ___/___/___