

**St. John Lutheran's Simply Giving**  
*"God's Love In Action"*

Your Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**Contributions:**

\_\_\_\_ 1. **Enroll in Simply Giving with my giving going to:**  
St. John Ministry Support Plan \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_  
**Total Contribution** \$ \_\_\_\_\_

\_\_\_\_ 2. **I would like to \*change my contribution**  
to the following amount \$ \_\_\_\_\_

*\*Changes can be done by a phone call, a voided check or deposit slip is not required*

**Effective Date of First or Changed Contribution** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_

**Frequency of Contribution (Total Contribution divided as indicated)**

\$ \_\_\_\_\_ Per Week on Mondays  
\$ \_\_\_\_\_ Semi-monthly - 1st & 15th  
\$ \_\_\_\_\_ Monthly on the 1st  
\$ \_\_\_\_\_ Monthly on the 15th

**Checking/Savings Account Authorization *Please Debit my...***

\_\_\_\_ Checking account (Attach voided check)  
\_\_\_\_ 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: \_\_\_\_/\_\_\_\_/\_\_\_\_