

Gratitude Changes
Everything



*O give
thanks
unto the Lord!*

My Plan for Giving 2023

Sign up for Electronic Fund Transfer
Go to www.oslc-everett.com

Questions? Contact Sheila Bartlett
sbartlett675@hotmail.com.

Last Name		First Name	
Address			
City		State	Zip
Email Address			

DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	<table style="width: 100%;"> <tr> <td style="width: 50%;">FUNDS:</td> <td style="width: 50%;">AMOUNTS:</td> </tr> <tr> <td><input type="checkbox"/> General/Operating</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Building</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td>\$ _____</td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;"> Total from above \$ _____ </td> </tr> <tr> <td colspan="2" style="padding-top: 10px;"> <input type="checkbox"/> Optional (card donations only): x 2.75% Add an additional 2.75% to defray card processing fees </td> </tr> <tr> <td colspan="2" style="text-align: right; padding-top: 10px;"> Grand total \$ _____ </td> </tr> </table>	FUNDS:	AMOUNTS:	<input type="checkbox"/> General/Operating	\$ _____	<input type="checkbox"/> Building	\$ _____	<input type="checkbox"/> Other _____	\$ _____	Total from above \$ _____		<input type="checkbox"/> Optional (card donations only): x 2.75% Add an additional 2.75% to defray card processing fees		Grand total \$ _____	
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Grand total \$ _____																

CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ <div style="font-size: small; margin-top: 5px;"> </div>
I authorize the above organization 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: _____		

CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
Card Number: _____ Expiration Date: _____	
Name on Card: _____	
Billing Address (if different from above): _____	
I authorize the above organization to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____ Date: _____	

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		

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unto the Lord!**

Place this plan in the offering or mail to:

Our Savior's Lutheran Church

215 Mukilteo Blvd
Everett, WA 98203

I/We anticipate giving by check or cash \$_____each ☐ week ☐ month

Name(s)_____

Phone_____

Email Address_____

Offering Envelope Number _____

Some things to consider:

- ☐ I would like information on how to include Our Savior's in my estate plan.
- ☐ I need information on how to contribute shares of stock.
- ☐ I am considering making a special gift in "honor" or in "memory" of a loved one.
- ☐ I need offering envelopes
- ☐ I am interested in serving on the Congregation Finance Committee.

