

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](http://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 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	
		FUNDS: <b>AMOUNTS:</b> <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Other _____ \$ _____  <b>Total from above</b> \$ _____	
		<input type="checkbox"/> Optional (card donations only): x 2.75% Add an additional 2.75% to defray card processing fees  <b>Grand total</b> \$ _____	
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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b> Account Number: 012345678901234567890000                                         Routing Number    Check Number    Account Number		
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 banking information <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date	

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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.

