

Gratitude!

pressed down
shaken together
and running over
Luke 6.38



Plan for Giving 2019

Growing in Gratitude

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 _____

While we're at it...

- 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.

Plan for Giving 2019

Using *Give+*
(Electronic Funds Transfer)

Questions? Contact Sheila Bartlett
at sbartlett675@hotmail.com.

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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	Funds:	
		<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 \$_____	
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: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: 1234567890 123 123456* 000 ----- ----- ----- Routing Number Account Number Check 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			