

The **Simply Giving**[®] Program

Glenwood Lutheran Church – ELCA

206 Minnesota Avenue East

Glenwood, MN 56334

320-634-4514

glenwoodlutheran.com

Enjoy the convenience of electronic giving . . .

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

How to get started

To set up electronic contributions, complete the authorization form on the reverse side and return it to the church office.

Electronic contributions can be made using any of the following payment methods:

- Checking account
- Savings account
- Credit card
- Debit card

AUTHORIZATION FORM

Church name:																					
Your name:																					
Address:																					
City, State, Zip:																					
Email address:																					
<p>I would like to make the following contribution(s):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;"><input type="checkbox"/> General Operating Fund</td> <td style="width: 10%; text-align: right;">\$</td> <td style="width: 10%; border-bottom: 1px solid black;">_____</td> <td style="width: 30%;"></td> </tr> <tr> <td><input type="checkbox"/> Building Fund</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">_____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">_____</td> <td></td> </tr> <tr> <td>Total</td> <td style="text-align: right;">\$</td> <td style="border-bottom: 1px solid black;">_____</td> <td></td> </tr> </table>		<input type="checkbox"/> General Operating Fund	\$	_____		<input type="checkbox"/> Building Fund	\$	_____		<input type="checkbox"/> Other _____	\$	_____		<input type="checkbox"/> Other _____	\$	_____		Total	\$	_____	
<input type="checkbox"/> General Operating Fund	\$	_____																			
<input type="checkbox"/> Building Fund	\$	_____																			
<input type="checkbox"/> Other _____	\$	_____																			
<input type="checkbox"/> Other _____	\$	_____																			
Total	\$	_____																			
<p>Date of first contribution: __/__/__</p> <p>Frequency of contribution (check one):</p> <p><input type="checkbox"/> Weekly – Mondays</p> <p><input type="checkbox"/> Semi-monthly – 1st and 15th</p> <p><input type="checkbox"/> Monthly on the 1st</p> <p><input type="checkbox"/> Monthly on the 15th</p>																					

CHECKING / SAVINGS	<i>Complete this section if using your checking or savings account</i>
Please debit my (check one):	
<input type="checkbox"/> Checking account—attach voided check <input type="checkbox"/> Savings account—attach voided deposit slip	
Routing #:	Account #:
<i>Valid routing # must start with 0,1,2 or 3</i>	
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: / /	

CREDIT / DEBIT CARD	<i>Complete this section if using your credit or debit card</i>
Please charge my (check one):	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
Card #:	Expiration Date:
Name on card:	
Billing Address (if different from above):	
I authorize the above organization to charge the above card. I understand that this authority will remain in effect until I provide reasonable notification to terminate the authorization.	
Authorized signature: _____ Date: / /	

Please Attach a Voided Check to this Form if Using Checking Account!

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