

SILVERDALE LUTHERAN CHURCH

TO: Financial Secretary

FROM:

(Contributing Member(s))
Envelope # (if known)_____

Re: **Instructions Regarding Contributions to SLC General Fund**

I wish to have my contributions to the General Fund to be recorded as "restricted."
By doing so, it is my understanding that the portion of these contributions used for
"benevolences" will not be directed to or through the ELCA/ Synod(s) but may be used
for other charitable organizations including ELCA affiliated organizations if sent to those
organizations directly.

Signature

Date:_____



Member Enrollment and Authorization Form

Return completed enrollment form to the Lutheran congregation, school, or institution benefiting from your giving.

Complete this section for ALL ENROLLMENTS (Please print in black ink)

Check the appropriate box: <input type="checkbox"/> New enrollment/authorization * <input type="checkbox"/> Change in bank account * <input type="checkbox"/> Change in authorized amount	Last Name		First Name		M.I.
	Mailing Address				
	City		State	ZIP	
	Home Telephone #		Work Telephone #		

Donations/payments should be taken from:
 Checking (attach a voided check)
 Savings (attach a savings deposit slip)

Routing Number _____
Valid Routing # must start with 0, 1, 2 or 3

Account Number _____

REQUIRED:
 I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw offerings/donations/payments from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Account Holder Signature _____
 Date _____

*** ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY**

Complete this section for Lutheran CONGREGATION DONATIONS

Congregation Name		Street Address	
City		State	ZIP

Church Fund Designations: _____ General/Operating \$ _____ _____ Building \$ _____ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____	Amount Per Donation: _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____	Frequency of Donation: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th
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TOTAL DONATION AMOUNT \$ _____ (minimum \$5)

Date of First Donation _____

Note: The total amount will be transferred based on the frequency selected.

Complete this section for Lutheran SCHOOL TUITION PAYMENTS

School Name		Street Address	
City		State	ZIP

(a) Total annual tuition for all family members \$ _____
 (b) Number of payments (see below) _____
 (c) Amount of each payment (a ÷ b) \$ _____

Date of First Payment _____
 Date of Last Payment _____

Contact your school for information on:
 • Payment duration options (e.g., 10 months or 12 months)
 • Date the first and last payments are due
 • Date that monthly transaction must occur

Complete this section for Lutheran INSTITUTION DONATIONS

Institution Name		Street Address	
City		State	ZIP

Date of Donation: (Please check only one)
 Monthly on the 1st
 Monthly on the 15th

Amount of monthly donation \$ _____ (minimum \$5)

Date of First Donation _____
 Date of Last Donation _____

Note: To have your donation given continuously until you notify us to change or stop it, please write "CONT" in the Date of Last Donation.

***** REQUIRED *** MUST BE COMPLETED BY CONGREGATION/INSTITUTION**

Congregation/Institution Code _____ Envelope/Student/Participant Number _____ Verifier Initials _____

GivingPlus® Gift Form

Send this completed form, along with your gift, to the eligible Lutheran organization of your choice. The check must be made payable to the enrolled organization. Note: A congregation is not an eligible recipient for this program. List only one donor and one organization per form. Your unique secure identifier is required for the gift to be processed.

Donor Information

First five characters of last name

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First and last name

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Address

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City

State

Zip

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Home phone number

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Note:

Your unique secure ID consists of the first 5 letters of your last name and the last 4 digits of your social security number.

Use black ink.
 Use block letters
 (e.g. A, B, C).

Last four digits of your social security number

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0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Gift Information

Date of Gift (Month)

<input type="radio"/> Jan.	<input type="radio"/> May	<input type="radio"/> Sep.
<input type="radio"/> Feb.	<input type="radio"/> Jun.	<input type="radio"/> Oct.
<input type="radio"/> Mar.	<input type="radio"/> Jul.	<input type="radio"/> Nov.
<input type="radio"/> Apr.	<input type="radio"/> Aug.	<input type="radio"/> Dec.

Volunteer hour information

Mark this oval if you have contributed 25 or more hours of volunteer service to this organization during the current calendar year.

Date of Gift (Year)

2	0		
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Amount of individual gift

\$

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Name of institution or organization receiving gift

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City

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State

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I certify that I am an individual 16 years of age or older who is either a benefit member of Thrivent Financial for Lutherans, or who owns a Thrivent Mutual Funds account and/or Thrivent Life Insurance Company product. I am making this gift under the guidelines of the GivingPlus program. I understand this program is not a guaranteed contractual benefit. I understand the budget for this program is established annually and therefore all eligible gifts may not be supplemented. Finally, I understand that contributions by Thrivent Financial for Lutherans, Thrivent Asset Management and Thrivent Life Insurance Company are subject to the guidelines of the GivingPlus® Program.

Signature of member

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For Use by Recipient Organization

I certify that the stated gift has been received and satisfies the requirements of the Thrivent Financial GivingPlus® Program.

Signature of program coordinator

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Thrivent Financial for Lutherans Organization ID

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