

To enroll in the Simply Giving® automated giving program from Thrivent Financial for Lutherans, complete the following enrollment form.



INSTRUCTIONS:

1. Using black ink, complete the personal-information section including name, address and telephone numbers.
2. Indicate whether this is a new enrollment/authorization, a change in amount or change in account.
3. Indicate the account type, routing number and account number. Attach a voided check or savings deposit slip to the enrollment form.
4. Sign on the authorized signature line.
5. Complete the appropriate section for the institution that will benefit from your giving:

For your Congregation:

- Provide the congregation name and address.
- Select the frequency of your contribution.
- Designate where you'd like your contribution to go and the amount.

For your Lutheran School tuition:

- Provide the name and address of the institution receiving the tuition.
- Calculate the amount of each monthly tuition payment.
- Determine the date of your first and last payment.

For your Lutheran Institution donation:

- * Provide the name and address of the institution receiving the gift.
- * Select the date of the monthly gift transfer and the amount of each monthly gift.
- * Determine the date of your first and last payment.

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

Complete this section for ALL enrollments (Please print)

Last Name	First Name	Middle Initial
Mailing Address	City	State
Home Telephone Number:	Work Telephone Number:	
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		
Privacy/Confidentiality: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in Simply Giving® as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.		
Gifts/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)	I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions/tuition payments/donations 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.	
Routing No. (between these symbols :) _____	Authorization Signature: _____	
Account No. _____		

Attach a voided check or savings deposit slip

Complete This Section for Lutheran Congregation Donations:

Congregation Name		Street Address	
City		State	ZIP Code
Frequency of Funds Transfer: (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (Will be transferred on the 1st AND 15th of each month.) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th START DATE: _____ Church Envelope Number: _____		Church Fund Designations: General/Operating \$ _____ Building \$ _____ Evangelism/Outreach \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL \$ _____	

Complete This Section for Lutheran School Tuition Payments:

Name of Institution Receiving Tuition Payment		Street Address	
City		State	ZIP Code
Total annual tuition for all family members \$ _____ Divided by number of monthly payments (see below) _____ Amount of each monthly payment \$ _____ Please contact your school for information on: <ul style="list-style-type: none"> • payment duration options (e.g., 10 months or 12 months) • date the first and last payments are due • date during each month that the transaction will occur • student's school tuition number 		Date of first payment: _____ Date of last payment: _____ Student's Tuition Number: _____	

Complete This Section for Lutheran Institution Donations:

Name of Institution Receiving Gift		Street Address	
City		State	ZIP Code
Date of Monthly Gift Transfer: (Please check only one) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th Amount of each monthly gift (minimum \$5) \$ _____		Date of first payment: _____ Date of last payment*: _____ *Note: If you want your gift to be given continuously until you notify us to change the amount or stop the gift, please write "CONT." as the date of the last payment.	

FOR CONGREGATION/INSTITUTION OFFICE USE ONLY:

Congregation/Institution Code: _____	Date: _____
Envelope/Participant Number: _____	Verifier Initials: _____