



St. John Lutheran
“God’s Love In Action”



Your Name: _____
 Address: _____
 City, State, Zip: _____
 Email Address: _____

I would like to make the following contribution(s) (check one):

| | | |
|--------------------------|---------------------------------|----------|
| <input type="checkbox"/> | St. John Ministry Support Plan: | \$ _____ |
| <input type="checkbox"/> | Other: | \$ _____ |
| <input type="checkbox"/> | Total | \$ _____ |

Contact the Business Manager for more information regarding other specific ministries at St. John

Date of First Contribution: ___/___/___

Frequency of contribution (check one):

| | |
|--------------------------|---------------------------|
| <input type="checkbox"/> | Weekly - Mondays |
| <input type="checkbox"/> | Semi-monthly - 1st & 15th |
| <input type="checkbox"/> | Monthly on the 1st |
| <input type="checkbox"/> | Monthly on the 15th |

Checking/Savings Account Authorization

Please debit my (check one)

| | |
|--------------------------|----------------------------------------------|
| <input type="checkbox"/> | Checking account (Attach voided check) |
| <input type="checkbox"/> | Savings account (Attach voided deposit slip) |

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

Account # _____

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: ___/___/___