

St. John Lutheran's Simply Giving
"God's Love In Action"

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

____ 1. **Enroll in Simply Giving with my giving going to:**
 St. John Ministry Support Plan \$ _____
 Other \$ _____
 Total Contribution \$ _____

____ 2. **I would like to *change my contribution**
 to the following amount \$ _____

**Changes can be done by a phone call, a voided check or deposit slip is not required*

Effective Date of First or Changed Contribution	____/____/____
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Frequency of Contribution (Total Contribution divided as indicated)

\$ _____ Per Week on Mondays
\$ _____ Semi-monthly - 1st & 15th
\$ _____ Monthly on the 1st
\$ _____ Monthly on the 15th

Checking/Savings Account Authorization *Please Debit my...*

____ Checking account (Attach voided check)
____ 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: ____/____/____