



2015 HERITAGE AND HOPE COMMITMENT CARD

This pledge represents giving over and above the amount that I am currently giving to the Ministry and Mission of Trinity Lutheran Church

I/WE COMMIT TO A FIVE-YEAR HERITAGE AND HOPE APPEAL GIFT OF
\$ _____ FROM MAY 17, 2015 – MAY 17, 2020

MY/OUR GIFT WILL BE GIVEN AS FOLLOWS: *check one*

Cash/Check gift(s) of \$ _____ per *(circle one)* week month year

Simply Giving® Automatic Withdrawal
(please fill out the form on back of this pledge card to enroll or change your current level of automatic giving).

I WOULD LIKE TO GIVE AN ADDITIONAL UP-FRONT CASH/CHECK
GIFT OF \$ _____

<p>THANK YOU FOR YOUR COMMITMENT!!</p>	_____		
	Name(s)		

	Address		
	_____	_____	_____
	City	State	Zip

	Envelope Number		

↑ *Please return this portion to the church office*

↓ *Please keep this portion for your records*



THANK YOU FOR YOUR 2015-2020 HERITAGE AND HOPE APPEAL
GIFT OF \$ _____

THANK YOU FOR YOUR UP-FRONT CASH/CHECK GIFT TO THE
HERITAGE AND HOPE APPEAL OF \$ _____

Simply Giving Authorization Form

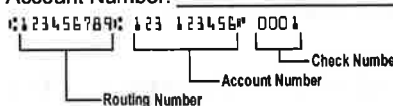
Type of authorization: New authorization Change donation amount Change donation date
 Change banking information Discontinue electronic donation

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

DATE OF FIRST DONATION: _____ / _____ / _____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly (day of your choosing) <input type="checkbox"/> Monthly (day of your choosing) <input type="checkbox"/> Semi-Monthly (day of your choosing)	FUND: <input type="checkbox"/> Heritage and Hope	AMOUNT: \$ _____
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CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ <div style="font-size: small; margin-top: 5px;">  <p style="margin: 0;"> 234567890 23 234567 0001 </p> <p style="margin: 0;"> Routing Number Account Number Check Number </p> </div>
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I authorize the above organization to process debit entries to my 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	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
	Card Number: _____ Expiration Date: _____
	Name on Card: _____
	Billing Address (if different from above): _____

I authorize the above organization to process transactions in accordance with the information above.

Signature (as it appears on the card): _____ Date: _____