

Dear **Grace Lutheran** Members,

God's grace, peace and joy be yours!

We'd like to ask you to consider participating in a new program we are offering our members that simplifies and extends our regular giving option.

The **Simply Giving**[®] Program endorsed by Thrivent Financial Bank enables every household or individual to give church offerings through electronic funds transfer (EFT). You may already be using EFT to have your mortgage, car payment or insurance premium automatically withdrawn from your checking or savings account. Now your financial gift to our congregation's ministry can be regular and "off the top," just like these other commitments.

There is no cost to you. Just think—you won't have to write 52 checks a year. And you won't have to wonder where you put your church offering envelopes. Please take a look at the enclosed information and consider whether your stewardship would be enhanced by this convenient, consistent way of giving. It will be especially handy when your summer travels begin!

If you would like to participate through your checking account, complete and return the enrollment form along with a voided check. To participate through a savings account, include a savings deposit slip.

Please note that if you elect to give weekly, you need to check whether you want the transfer made on Mondays or Fridays. If you elect to give monthly, check either the 1st or the 15th. Semi-monthly payments will be transferred on the 1st and 15th of each month.

Please indicate the fund(s) and the amount you wish to donate to each category. Then, total your gift at the bottom. Forms should be turned in to the church office. We suggest that you use an effective date of three weeks from now. That will allow time for the paperwork to go through. Use your regular offering envelope until that time. It's that simple! If you have questions, please contact the church office.

Thank you for your prayerful consideration of this new giving opportunity.

Board of Directors

The **Simply Giving**[®] Program endorsed by Thrivent Financial Bank


Thrivent Financial Bank is a nationwide, full-service financial institution serving all consumers fairly, honestly and in their best interests. Free online banking, 24-hour toll-free banking by phone, and convenient call-center hours make banking with us simple. For more information, visit Thriventbank.com. Thrivent Financial Bank is not responsible for the products and services offered by Vanco Services, LLC under the Simply Giving Program. Simply Giving[®] is a registered trademark of Thrivent Financial for Lutherans.

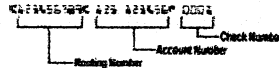
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AUTHORIZATION FORM

The **Simply Giving** Program

endorsed by

 Thrivent Financial Bank

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Grace Lutheran Church		502736481
Effective date of authorization: ____ / ____ / ____		
Type of Authorization Form: <input type="checkbox"/> New Authorization <input type="checkbox"/> Change banking information <input type="checkbox"/> Change donation amount <input type="checkbox"/> Discontinue electronic donation <input type="checkbox"/> Change donation date		
Last Name		First Name
Address		
City	State	Zip
Email Address		
Please debit my donation from my (check one): <input type="checkbox"/> Checking Account (attach a voided check below) <input type="checkbox"/> Savings Account (contact your financial institution for Routing #)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
FIRST DONATION DATE: ____ / ____ / ____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly on _____ <input type="checkbox"/> Monthly on _____ <input type="checkbox"/> Semi-Monthly (transferred on 1 st and 15 th of each month)	FUNDS AND AMOUNTS: <input type="checkbox"/> General/Operating \$ _____ <input type="checkbox"/> Building \$ _____ <input type="checkbox"/> Evangelism/Outreach \$ _____ <input type="checkbox"/> _____ \$ _____ <input type="checkbox"/> _____ \$ _____ Total \$ _____
AGREEMENT		
I authorize the above church 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: _____

Please attach voided check here.