



Faithful Giving

Faithful Giving Enrollment Form

(Please print)

Last Name First Name M.I.

Street Address

City State Zip

Home Phone

Daytime Phone

E-mail

Please check the appropriate box:

- New enrollment in the Faithful Giving program
- Change in gift amount
- Change in account

Matching gift opportunities:

- Thrivent Financial for Lutherans
- My employer will match my gifts:

Employer

Gifts should be transferred:

- Monthly Quarterly

Date of gift transfer (please check only one):

- Monthly/Quarterly on the 1st
- Monthly/Quarterly on the 15th

Amount of each gift (minimum \$5) \$ _____

Designation for each gift* _____

*If you wish to distribute your gift among several different funds, please indicate which funds and how much of your donation will go for each one. For your gift to be used where most needed, please write "Sustaining Fund" as the designation.

Date of first payment: _____

Date of last* payment: _____

*If you want your gift to be given continuously until you notify us to change the amount or stop the gift, write "CONTINUE" as the date of the last payment.

Gifts should be transferred from:

Checking (please attach a voided check):

Checking Account Number

Savings (please attach a savings deposit slip):

Savings Account Number

Credit Card:

Card Number: _____

Name on Card: _____

Expiration Date: _____

I authorize Luther Seminary to automatically withdraw donations from my account as outlined. This will remain in effect until I contact Luther Seminary in writing to stop this authorization.

Signature

Please mail your completed form to:

Office of Seminary Relations
Attention: Faithful Giving Program
Luther Seminary
2481 Como Avenue
St. Paul, MN 55108