I/we commit the following to the Salem Lutheran Church Annual Mission Appeal.

salem
LUTHERAN CHURCH

Salem Lutheran Church
CAMPAIGN COMMITMENT CARD

PLEASE PRINT

NAME(S) _____

ADDRESS _____

CITY/STATE/ZIP _____

E-MAIL _____

PHONE _____

SIGNATURE(S) _____

2016 MISSION APPEAL

Please complete & check the appropriate boxes:

I/we will give a gift of $_____ for the 2016 Mission Appeal, to be given:

❒ weekly ❒ monthly ❒ quarterly ❒ annually

❒ other: _____

❒ I/we wish to pay using automatic bank withdrawals. (See reverse side.)

As each has received a gift, use it to serve one another, as good stewards of God's varied grace: whoever speaks, as one who speaks oracles of God; whoever serves, as one who serves by the strength that God supplies—in order that in everything God may be glorified through Jesus Christ. To him belong glory and dominion forever and ever. Amen.

1 Peter 4:10-11

The Simply Giving Program
is endorsed by
Thrivent Financial Bank.

Salem wants to remind you that we offer electronic giving as a way to automate your regular offering. It's very convenient. You will no longer need to write out checks and prepare envelopes every week. Even when travel, illness or other circumstances prevent you from attending services, your electronic contributions will continue to be received on an uninterrupted basis. To set up electronic donations, simply complete the authorization form below and return it to the church office. Donations can be debited automatically from either a checking or savings account.

AUTHORIZATION FORM

Church name:

Your name:

Address:

City, State, Zip:

Email address:

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

- ❒ Mission Appeal $ _____
- ❒ Other _____ $ _____
- ❒ Other _____ $ _____
- ❒ Other _____ $ _____

Total $ _____

Date of first contribution: ___/___/___

Frequency of contribution (check one):

- ❒ Weekly – Mondays
- ❒ Semi-monthly – 1st and 15th
- ❒ Monthly on the 1st
- ❒ Monthly on the 15th

CHECKING / SAVINGS *Complete this section if using your checking or savings account*

Please debit my (check one):

❒ Checking account—*attach voided check* ❒ Savings account—*attach voided deposit slip*

Routing #: Account #:

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

I authorize the above organization and Vanco Services 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: / /