

LUTHERAN CHURCH OF THE RESURRECTION 2025 COMMITMENT

Name(s): _____ Phone: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Receive Email Statements?

2025 Commitment to the ministry of my church.

There is one all-inclusive fund for your annual gifts. Your contributions will automatically go toward all the needs of the church, within the congregationally-approved budget.

With gratitude for God's many blessings, I / we commit to support the ministry of my / our church by giving:

\$ _____ per week per month per year

A Special One-Time Gift over and above my annual commitment.

Please consider participating in our 2025 one-time gift to support The Churches of Marion Food Pantry, an important partner that serves the needs of the hungry in our local community.

Yes, I / we would like to also give a one-time gift, over and above my / our yearly pledge:

\$ _____ one-time gift enclosed (or already submitted via PayPal or Venmo)

Simply Giving

Current Simply Giving users need to **submit a new authorization form to adjust the amount and/or frequency of your gift.** (No need to provide a voided check.)

If you wish to start donating using Simply Giving, complete the Simply Giving Authorization on the back (including a voided check) and return it with your completed commitment form.

Additional Ways to Give

Donating by using weekly envelopes, through our website at LCRMarion.org/giving with a PayPal account or a debit or credit card and Venmo are just a few ways to give. Please refer to our Fund Appeal brochure for more information on these and other ways to give.

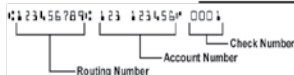
AUTHORIZATION FORM

The **Simply Giving** Program

endorsed by



Thrivent Federal Credit Union

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

New Participants, please attach voided check here.

Not required for change of amounts or cancellation