LUTHERAN CHURCH OF THE RESURRECTION 2026 COMMITMENT

Name(s): _____ Phone: _____

Address: _____

City, State, Zip: _____

Email Address: _____ Receive Email Statements? ☐

2026 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 2026 One-Time Gift to the Living Legacy Fund at LCR that supports our Fall Speaker Series, special outreach matching funds, and scholarships.

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:

- ❑ New Authorization
- ❑ Discontinue electronic donation
- ❑ Change donation amount
- ❑ Change banking information
- ❑ Change donation date

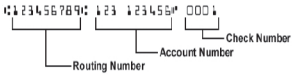
Last Name	First Name	
Address		
City	State	Zip
Email Address		

Please debit my donation from my (check one):

- ❑ Checking Account (attach a voided check below)
- ❑ Savings Account (contact your financial institution for Routing #)

Routing Number: _____
Valid Routing # must start with 0, 1, 2, or 3

Account Number: _____



FIRST DONATION DATE:

_____/_____/_____

FREQUENCY OF DONATION:

- ❑ Weekly on Monday
- ❑ Weekly on Friday
- ❑ Monthly on the 1st
- ❑ Monthly on the 15th
- ❑ Semi-Monthly
  (transferred on 1st and 15th of each month)

FUNDS AND AMOUNTS:

- ❑ 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