

Stewardship Covenant

“Give thanks with a grateful heart!”

Household Name: _____

Please check one of the following (email is preferred):

- Please **email** my giving statement to this email address: _____
- Please **mail** my giving statement to this address: _____
- Check here if this is a new address or email address

INSTRUCTIONS

Please check the box in the “Financial Giving” section that is correct for your financial commitment. If you are not pledging at this time, please check “No Pledge at this time”.

We encourage everyone to use the EFT program—Vanco (formerly known as Simply Giving). If you’re new to the program you’ll need to fill out the full form found on the back of this document.

Please bring it with you to worship on Sunday (Nov 19th), email to finance@trinitymonument.org, or send it back to the church office.

2024 Financial Giving

- Choose one: \$_____per week \$_____per month \$_____annually
- I plan to give a one-time gift in the month of _____
- No pledge at this time
- I would like offering envelopes (Note: These will be unused 2021 envelopes)

Electronic Funds Transfer (Vanco)

- I contribute through Vanco, and I authorize Trinity Lutheran Church to update the debit on my account to reflect the new amount in the “Financial” section. This change will take effect January 2024.
- I am enrolling in Vanco for the first time in 2024. I have completed the enrollment form on the reverse side.
- I contribute through Vanco Online (<https://secure.myvanco.com/L-Z6T1/home>).
- I contribute through Vanco and I am not adjusting my contribution.

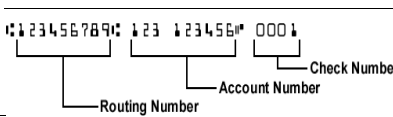
Signature: _____

(Signature is required to change debit amount—new Vanco form is not required.)

AUTHORIZATION FORM - VANCO



Name of the organization: TRINITY LUTHERAN CHURCH

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: _____ / _____ / _____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name		First Name
Address		
City		State
Zip		
Email Address		
DATE OF FIRST DONATION: _____ / _____ / _____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Fridays <input type="checkbox"/> Semi-Monthly (transferred on 1 st & 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	AMOUNT: \$ _____
CHECKING / SAVINGS	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____ 
	I authorize the above organization 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: _____

If using a checking account, please attach a voided check at the bottom of this page.