Stewardship Covenant

They are like trees planted by streams of water, which yield their fruit in its season, and their leaves do not wither. In all that they do, they prosper. Psalm 1:3

God has planted Trinity Lutheran Church on the side of a mountain... and it is our place of water, where we bear fruit and we shall not wither.

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.

2023 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 2023.
- □ I am enrolling in Vanco for the first time in 2023. 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					
		uthorization 🛛	Change donation amount	Change donation date					
Change banking Information		Discontinue electronic donation							
Las	it Name	First Name							
Address									
City				State Zip					
Em	Email Address								
	DATE OF FIRST FREQUENCY OF DONATION: DONATION: Weekly – Fridays / Semi-Monthly (transferred on 1 st & 15 th of each month) Monthly on the 1 st Monthly on the 15 th								
Please debit my donation from my (check one):			Routing Number:						
	Savings Account (contact yo Routing #)	Valid Routing # must start with 0, 1, 2, or 3							
	Checking Account (attach a voided check below)								
/ SAVINGS			1:1234557891:123423455# 0001 						
CHECKING / SAVINGS	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:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:Date:								

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