



Donation and Authorization Form



Lutheran Deaconess Association • 1304 La Porte Ave • Valparaiso, Indiana 46383 • 219-464-6925

| DONOR INFORMATION (Please print in black ink) | | | |
|--|-----------------|----------------|------------------------------------|
| Check the appropriate box: <input type="checkbox"/> New enrollment/authorization* <input type="checkbox"/> Change in bank account* <input type="checkbox"/> Change in authorized amount | Last Name | First Name | M.I. |
| | Mailing Address | | |
| | City | State | Zip |
| | Home Telephone | e-mail Address | |
| <i>Please use the following name in all acknowledgements:</i> | | | <input type="checkbox"/> Anonymous |

| DONATIONS TO THE LUTHERAN DEACONESS ASSOCIATION | |
|---|---|
| <input type="checkbox"/> One-time payment by check enclosed \$ _____ (Finished completing form) | FREQUENCY OF DONATION <input type="checkbox"/> One-Time <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
| <input type="checkbox"/> Recurring pledge or electronic donation to the LDA (Continue completing form) | |
| LDA Fund Designation: Amount Per Donation: General \$ _____ Restricted \$ _____ Scholarship \$ _____ Endowment \$ _____ | Date of Recurring Monthly, Bi-Monthly or Quarterly Donation: <input type="checkbox"/> On the 1 st <input type="checkbox"/> On the 15 th (check one) |
| TOTAL ANNUAL DONATION AMOUNT \$ _____ | Date of First Donation: _____ Date of Last Donation: _____ Note: To have your donation given continuously until you notify us to change or stop it, please write "CONT." in the <i>Date of the Last Donation</i> . |

| Complete this section if you want donations to come from your CHECKING OR SAVINGS ACCOUNT | |
|---|---|
| Donations should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a deposit slip) | REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization. Account Holder Signature: _____ Date: _____ |
| Routing Number: _____ <i>Valid Routing # must start with 0,1,2, or 3</i> | |
| Account Number: _____ | |
| * ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR A NEW ENROLLMENT OR CHANGE IN BANK ACCOUNT ONLY | |

| Complete this section if you want donations to come from your CREDIT CARD | |
|---|------------------|
| Please charge my donation to my (check one) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card | |
| Credit Card Number: | Expiration Date: |
| Name on Card: | |
| Billing Address (if different from above): | |
| REQUIRED: I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above. This authority will remain in effect until I give reasonable notification to terminate the authorization. | |
| Signature (as it appears on the credit card) | Date |

| FOR LUTHERAN DEACONESS ASSOCIATION USE ONLY | | |
|---|--------------------------|-------------------------|
| Institution Code: 0014518112D | Participant Number _____ | Verifier Initials _____ |