



Evangelical Lutheran Church in America

God's work. Our hands.

JOIN MONTHLY PARTNERS

I hereby authorize the Evangelical Lutheran Church in America (ELCA) to initiate debit ACH electronic transactions for donations from my personal checking account into the ELCA account at Harris Bank. Recurring donations are processed on the first (1st) or the fifteenth (15th) business day of each month, as noted below. I will notify the ELCA if I wish to change or stop my monthly contributions by calling 800-638-3522.

Please send a voided blank check from your account along with this form.

First name: _____ Middle: _____ Last name: _____

Address: _____ City: _____

State: _____ ZIP code: _____ Daytime phone #: _____

Bank name: _____ Account #: _____

Route/Transit #: _____ (the first 9 digits on the bottom left of your check)

Account type: _____ Bank phone #: _____

Email address (es): _____

Please deduct this amount each month from the account listed above: \$ _____

Please deduct my gifts: 1st of the month 15th of the month

PLEASE USE MY GIFT FOR ELCA MINISTRIES: (\$10 minimum per fund selected)

\$_____ Vision for Mission

\$_____ Lutheran Disaster Response

CONGREGATIONS

\$_____ ELCA New Congregations

\$_____ Renewing Congregations

\$_____ Disability Ministries

GLOBAL CHURCH

\$_____ Global Ministries

\$_____ International Leaders - Women

\$_____ Missionaries/Young Adults in Global Mission

HUNGER AND POVERTY

\$_____ ELCA World Hunger

LEADERSHIP

\$_____ ELCA Fund for Leaders

CAMPAIGN FOR THE ELCA

\$_____ Where needed most

\$_____ Youth and Young Adults

I have read, understand and agree with the information contained on this form.

Name (please print): _____

Signature: _____ Date: ___ / ___ / ___

Questions? Please call 800-638-3522.

Return your completed form by mail, fax or email to Receipts Processing.

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