



# 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 BMO Harris Bank. Recurring donations are processed on the 15th of the month. I will notify the ELCA if I wish to change or stop my monthly contributions by calling 800-638-3522. To set up a monthly gift with a credit card, visit [ELCA.org/monthlypartners](http://ELCA.org/monthlypartners).

**Important: 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 #: \_\_\_\_\_

Email address(es): \_\_\_\_\_

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

**Donations are processed on the 15<sup>th</sup> of each month.**

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

<b>LEADERSHIP</b> \$ _____ ELCA Fund for Leaders	<b>HUNGER AND POVERTY</b> \$ _____ ELCA World Hunger
<b>GLOBAL MISSION</b> \$ _____ Global Mission \$ _____ Missionaries \$ _____ Young Adults in Global Mission \$ _____ International Women Leaders	<b>DISASTER</b> \$ _____ Lutheran Disaster Response  <b>WHERE THE NEED IS GREATEST</b> \$ _____ ELCA where needed most

**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 with a voided blank check by mail to  
Evangelical Lutheran Church in America, P.O. Box 1809, Merrifield, VA 22116-8009