

## 2017 ANNUAL PLEDGE FORM – FOR ACH GIVERS

*I/We want to participate in the life of Our Savior's Lutheran Church by being part of a Welcoming community, who Experiences God, Reaches out, and Raises Up followers of Jesus Christ. I know that my offering dollars are needed to grow the ministry of Our Savior's and the ministries supported by Our Savior's.*

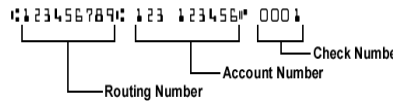


OUR SAVIOR'S

Lutheran Church

NEW ULM, MN



<b>FOR OFFICE USE ONLY</b>	<b>ENVELOPE/DONOR #</b>	<b>DATE</b>
<b>Effective date of authorization:</b> ____/____/____		
<b>Type of authorization:</b> <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		
<b>DATE OF FIRST DONATION:</b> ____/____/____	<b>FREQUENCY OF DONATION:</b> <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>	<b>FUNDS:</b> <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____
		<b>AMOUNTS:</b> \$ _____ \$ _____  <b>Total</b> \$ _____
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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
	I want to continue to receive offering envelopes. Yes _____ No _____	
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.*

If using Envelopes for your offering, please see other side.

**2017 ANNUAL PLEDGE FORM – FOR ENVELOPES**

*I/We want to participate in the life of Our Savior's Lutheran Church by being part of a Welcoming community, Experiencing God, Reaching out, and Raising Up followers of Jesus Christ. I know that my offering dollars are needed to grow the ministry of Our Savior's and the ministries supported by Our Savior's.*

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**Lutheran Church**  
NEW ULM, MN

I/We plan to offer \$ \_\_\_\_\_ per week / month / year (circle one) to further God's work through the congregation during calendar year 2017.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

**If using ACH for your offering, please see other side.**