



TRINITY LUTHERAN CHURCH

Moorhead, Minnesota

God's Work. Our Voices.

My / our gift to God for 2012 will be \$_____ per week month year

My / our gift towards Building for Mission for 2012 will be \$_____ per week month year

I / we would like to set up automatic giving from my / our account (complete reverse side)

Name _____

Address _____ City _____ State _____ Zip _____

E-mail address _____

Phone number _____ My / our envelope number is _____

Online giving option available at www.trinitymhd.org

AUTOMATIC WITHDRAWAL AUTHORIZATION FORM

PLEASE RETURN TO:

Trinity Lutheran Church

PO Box 188

Moorhead, MN 56561

PLEASE PRINT

NAME _____ ADDRESS _____ CITY _____
STATE _____ ZIP _____ PHONE _____ E-MAIL ADDRESS _____

AMOUNT \$ _____ ENVELOPE # _____ CHANGE OF CURRENT DONATION AMOUNT: YES _____ NO _____

FREQUENCY OF FUNDS TRANSFER: WEEKLY MON WEEKLY FRI SEMI-MONTHLY MONTHLY 1ST _____ 15TH _____

I authorize Trinity Lutheran Church to automatically withdraw contributions from my account. I have attached a voided check for routing information. This authority will remain in effect until I give notification to terminate authorization.

ACCOUNT HOLDERS SIGNATURE _____

****Attach voided check for routing information****