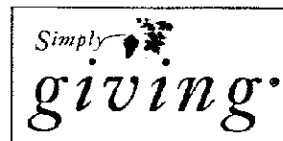


Application Form for Simply Giving



To enroll in the Simply Giving® automated giving program from Thrivent Financial for Lutherans, complete the following enrollment form.

INSTRUCTIONS

1. Using black ink, complete the personal-information section including name, address and telephone numbers.
2. Indicate whether this is a new enrollment/authorization, a change in amount or change in account.
3. Indicate the account type, routing number and account number. Attach a voided check or savings deposit slip to the enrollment form.
4. Sign on the authorized signature line.
5. Complete the appropriate section for the institution that will benefit from your giving:

For your Lutheran Institution donation:

- Provide the name and address of the institution receiving the gift.
- Select the date of the monthly gift transfer and the amount of each monthly gift.
- Determine the date of your first and last payment.

6. Return the completed enrollment form to the seminary benefiting from your giving.

Last Name _____	First Name _____	Middle Initial _____
Mailing Address _____	City _____	State _____ ZIP Code _____
Home Telephone Number: _____	Work Telephone Number: _____	
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		
Privacy/Confidentiality: This Authorization Form is seen by the nonprofit Lutheran organizations enrolled in Simply Giving® as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.		
Gifts/payments should be taken from: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach a savings deposit slip)	I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions/tuition payments/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.	
Routing No. _____ (between these symbols :)	Authorization Signature: _____	
Account No. _____		
Name of Institution Receiving Gift _____	Street Address _____	
City _____	State _____	ZIP Code _____
Date of Monthly Gift Transfer: (Please check only one) <input type="checkbox"/> Monthly on the 1st <input type="checkbox"/> Monthly on the 15th		Date of first payment: _____ Date of last payment*: _____
Amount of each monthly gift (minimum \$5) \$ _____		*Note: If you want your gift to be given continuously until you notify us to change the amount or stop the gift, please write "CONT." as the date of the last payment.
My church _____		
City _____	State _____	

For Your LCMS Seminary Donation Office Use Only

Congregation/Institution Code: _____	Date: _____
Envelope/Participant Number: _____	Verifier Initials: _____

Attach a voided check or savings deposit slip