Stewardship Covenant

They are like trees planted by streams of water, which yield their fruit in its season, and their leaves do not wither. In all that they do, they prosper. Psalm 1:3

God has planted Trinity Lutheran Church on the side of a mountain... and it is our place of water, where we bear fruit and we shall not wither.

Household Name:					
Please check one of the following (email is preferred):					
Please email my giving statement to this email address:					
Please mail my giving statement to this address:					
Check here if this is a new address or email address					
INSTRUCTIONS					
Please check the box in the "Financial Giving" section that is correct for your financial commitment. If you are not pledging at this time, please check "No Pledge at this time".					
We encourage everyone to use the EFT program—Vanco (formerly known as Simply Giving). If you're new to the program you'll need to fill out the full form found on the back of this document.					
2025 Financial Giving					
Choose one: \$per week \$per month \$annually					
I plan to give a one-time gift in the month of					
No pledge at this time					
Electronic Funds Transfer (Vanco)					
I contribute through Vanco, and I authorize Trinity Lutheran Church to update the debit on my account to reflect the new amount in the "Financial" section. This change will take effect January 2025.					
I am enrolling in Vanco for the first time in 2025. I have completed the enrollment form on the reverse side.					
I contribute through Vanco Online (https://secure.myvanco.com/L-Z6T1/home).					
I contribute through Vanco and I am not adjusting my contribution.					
Signature:					
(Signature is required to change debit amount—new Vanco form is not required.)					





AUTHORIZATION FORM - VANCO

Name of the organization: TRINITY LUTHERAN CHURCH



FOR OFFICE USE ONLY		ENVELOPE/DONOR #		DATE		
Type of authorization: Change banking information		uthorization \Box	Change donation amount Discontinue electronic donation	☐ Change donation date		
Last Name			First Name			
Address						
City				State	Zip	
Email Address						
DATE OF FIRST DONATION: Weekly - Fridays Semi-Monthly (transferred on 1st & 15th of each month) Monthly on the 1st Monthly on the 15th						
	Please debit my donation from my (check one):		Routing Number: _			
CHECKING / SAVINGS	Savings Account (contact your financial institution for Routing#)Checking Account (attach a voided check below)		Valid Routing # must start with 0, 1, 2, or 3 Account Number:			
			Check Number Routing Number			
CHECKING	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 at the bottom of this page.



