



Building for the next generation

We will tell the next generation the praiseworthy deeds of the Lord. Psalm 78:4

Mount Olive Ev. Lutheran Church & School Capital Stewardship Campaign Response Form

Name _____
Address _____

Envelope ID: _____
Primary Phone: _____
Primary Email: _____

(Please provide your contact information.)

“Remember this: Whoever sows sparingly will also reap sparingly, and whoever sows generously will also reap generously... Now he who supplies seed to the sower and bread for food will also supply and increase your store of seed and will enlarge the harvest for your righteousness.”
Apostle Paul (2 Corinthians 9:6,10)

Three-year Commitment to our Building Fund

Over the next three years, starting in November, 2017, I/we intend to give:

\$ _____ Weekly x 156 = \$ _____
\$ _____ Monthly x 36 = \$ _____
\$ _____ Annually x 3 = \$ _____

If making a commitment other than cash:

\$ _____ Approximate value of gift.

Description and timing of gift: _____

Enclosed is my/our Initial Kick-off Gift of \$ _____.

(Make checks payable to Mount Olive Ev. Lutheran Church.)

- This Kick-off Gift is ... My/our one-time gift to the campaign.
 In addition to my/our three-year pledge above.
 The first installment of my/our three-year pledge.

To fulfill my/our Building Fund Commitment indicated above, I/we will...

- Enclose our contributions in our monthly *Forward in Faith* contribution envelopes.
 Go online through the church website to make my contributions (*use Forward in Faith Fund*).
 Give through the automatic giving program. (*Please see the authorization form on the reverse side.*)
 Instruct my financial institution to make electronic contributions to Mount Olive to reflect my pledge.

Other Giving Considerations

- I/We intend to give gifts of stock or other assets. (IRA rollovers, bonds, etc.). Please contact me.
 I/We are interested in including Mount Olive in my/our will or estate planning. Please contact me.
 I/We are not able to give at this time, but will pray for God’s blessings upon this campaign.

SIGNATURE

DATE

SIGNATURE

DATE

(This commitment is a statement of intent and may be altered as circumstances change.)

AUTHORIZATION FORM

Name of the organization: **Mount Olive Ev. Lutheran Church**

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <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		
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Semi-Monthly (transferred on 1 st & 15 th of each month) <input type="checkbox"/> Monthly - any other date <input type="checkbox"/> Weekly - any other date	FUNDS: <input type="checkbox"/> General Fund <input type="checkbox"/> Forward in Faith Fund <input type="checkbox"/> Mission Partner <input type="checkbox"/> _____ <input type="checkbox"/> _____ AMOUNTS: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ Total \$ _____
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: _____ Valid Routing # must start with 0, 1, 2, or 3 Account Number: _____
	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: _____	
CREDIT / DEBIT CARD	Card Brand (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card	
	Card Number:	Expiration Date:
	Name on Card:	
	Billing Address (if different from above):	
	I authorize the above organization to process transactions in accordance with the information above.	
Signature (as it appears on the card): _____ Date: _____		

*If using a checking account, please attach a voided check over the credit/debit card section above.
 Please return completed form to Shannon Weyenberg (Financial Secretary).*