



Yes, I would like to help Lutheran Church Charities make a difference.

At the end of the day...
Making a difference in People's Lives
and in God's Kingdom

Name _____

Address _____

City _____ State _____ Zip _____

Contact Telephone () _____

Church Affiliation _____

E-Mail Address _____

Please e-mail me your "Making A Difference" Newsletter

Please e-mail me your "Daily Devotional"

I will include Lutheran Church Charities in my prayers.

Lutheran Church Charities
333 W. Lake Street
Addison, Illinois 60101
Toll Free: (866) 455-6466
Fax: (866) 451-1476

**"Dollar-In, Dollar-Out"
Policy**

Lutheran Church Charities operates on a policy where 100% of the money donated to a need, goes towards that need. The transaction costs will be paid by LCC Administrative funds.

Non-Designated gifts will be applied towards the most urgent needs.



I would like to help Make a Difference in the following capacity:

I prefer to give: ONE TIME MONTHLY

Please designate my gift for the following need:

CASH CHECK VISA MC DSVR AMEX

Acct # _____ Exp. Date _____

Name on account _____

Signature _____

Donation Amount \$ _____

All donations are tax deductible as allowable by law.

IF THIS IS AN AUTOMATIC MONTHLY DONATION:

I authorize my bank to make payment by the method indicated below, and post it to my account. I prefer a monthly debit date of (circle one):

the 5th 15th 20th 25th of each month.

If your monthly donation is through a checking account, please attach a blank, voided check or a photocopy of a check.

You may also give by check or credit card on our secure Web Site at:

www.LutheranChurchCharities.org

In order to complete your donation, please complete all contact information on reverse side of card.

I understand that I am in full control of my donation, and if at any time I decide to make any changes or discontinue the EFT service, I will call or write Lutheran Church Charities.

Send this completed form, along with your gift, to the eligible Lutheran organization of your choice. The check must be made payable to the enrolled organization.
Note: A congregation is not an eligible recipient for this program. List only one member and one organization per form. Either the Thrivent Financial Member ID or Social Security number is required for the gift to be processed. Use black ink.

Thrivent Financial for Lutherans Member Information

Select ID type, write in either your Thrivent ID or your Social Security number, and fill in the bubbles below. Your Thrivent ID is a nine-digit number beginning with a "5."

Thrivent ID Social Security number

0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

First eight characters of last name

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Member name

Address

City State Zip code

Home phone number

()

Volunteer hour information

Mark this oval if you have contributed 25 or more hours of volunteer service to this organization during the current calendar year.

Gift Information

Name of institution or organization receiving gift

City State

I certify that I am a Thrivent Financial for Lutherans member 16 years of age or older and that I am making this gift under the guidelines of the GivingPlus program. I understand this program is solely a fraternal benefit of Thrivent Financial for Lutherans and not a guaranteed contractual benefit. I understand the budget for this program is established annually and therefore all eligible gifts may not be supplemented. Finally, I understand that contributions by Thrivent Financial are subject to the guidelines of the GivingPlus™ Program.

Signature of member

Gift date

		/			/				
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Amount of individual member gift

Enter only whole dollars.

				.		
0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For Use by Recipient Organization

Thrivent Financial for Lutherans Organization ID

5	0	2	7	3	9	0	5	9
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OR

Thrivent Financial for Lutherans Organization ID

If using stamp, place in space below.

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I certify that the stated gift has been received and satisfies the requirements of the Thrivent Financial GivingPlus™ Program.

Signature of program coordinator

