



FAITHFUL STEWARDS

recurring gifts program

Mail completed form to: Lutheran Heritage Foundation ♦ 51474 Romeo Plank Rd. ♦ Macomb, MI 48042

New enrollment Change to my record (increase/decrease in giving amount) Discontinue my enrollment

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-mail _____

I wish to provide a monthly financial gift to the Lutheran Heritage Foundation, according to the terms defined below.

Signature

CREDIT CARD

I wish to make my gift in the amount of \$_____.00 on the 1st day of each month 16th day of each month

Charge my gift to my: Mastercard Visa Discover American Express Expiration Date: _____

Credit card number: _____

Name as it appears on the credit card: _____

Signature: _____

OR

AUTO DEBIT

I wish to make my gift in the amount of \$_____.00 on the 1st day of each month 16th day of each month

Deduct my gift from my: checking account savings account

Name of your financial institution: _____

Routing number: _____ Account number: _____

Account holder's name: _____

Signature: _____

Your enrollment in LHF's Faithful Stewards program will remain in effect until amended or cancelled in writing by you. Allow 30 days for any changes to your enrollment to take effect. Please immediately alert the Lutheran Heritage Foundation to any changes in your bank account or credit card expiration dates.

To enroll online, simply go to www.LHFmissions.org/FaithfulStewards