

# INSTRUCTIONS 2024 Mission Mount Calvary Commitment Forms

This year your commitment forms are as follows:

- 1 COMMITMENT CARD (COM CARD)** enables you to commit to Mission Mount Calvary for one year. The information we gather from your completed **COM CARD** is critical in establishing a budget for the upcoming year at Mount Calvary Lutheran Church.
- 2 SIMPLY GIVING FORM** enrolls you in our electronic funds transfer process enabling you to give to Mission Mount Calvary.

To ensure we have the necessary information to complete our budget process, a few guidelines/options are listed below:

- Please make sure to select weekly or monthly giving when stating your commitment amount.
- **Mount Calvary has many ways of giving:** on-line with a credit/debit card or checking/savings account, bank bill pay, weekly giving envelopes for cash/checks, stocks and securities, and Thrivent Choice Dollars if you are a Thrivent member. Please check our website for details.
- If you plan to use the **SIMPLY GIVING** program for your commitment, please check the box on your **COM CARD** identifying that you will be using that program.

## ENROLLED IN SIMPLY GIVING?

If you are currently enrolled and need to change any of the following: your bank, bank account number, or contributions amounts and/or frequency, please complete your **COM CARD** stating your commitment and a new **SIMPLY GIVING** form identifying your changes. (Include a cancelled check or deposit slip if bank changes are made.) Please make sure that the amount stated on your **COM CARD** equals the amount listed on your **SIMPLY GIVING** form. Return both forms to Mount Calvary.

If you are currently enrolled and have no changes to your bank account number, contribution amount and/or frequency of giving, please complete your **COM CARD** stating your commitment and check the Simply Giving box. Return your card to Mount Calvary.

## NOT ENROLLED IN SIMPLY GIVING?

If you are not currently enrolled and would like to enroll, please complete your **COM CARD** stating your commitment and the **SIMPLY GIVING** form including a cancelled check or deposit slip. Please make sure that the amount stated on your **COM CARD** equals the amount listed on your **SIMPLY GIVING** form. Return both forms to Mount Calvary.

If you are not currently enrolled and do not intend to enroll, please complete your **COM CARD** stating your commitment and return to Mount Calvary.

Thank you for taking the time to read these guidelines and completing your commitment forms. If you have any questions regarding these forms or the **SIMPLY GIVING** program, please contact Kay Wandersee, Administrative Assistant at [kay.wandersee@mtcalvary.com](mailto:kay.wandersee@mtcalvary.com) or NaDyne Glidden, Administrator at [nadyne.glidden@mtcalvary.com](mailto:nadyne.glidden@mtcalvary.com) or call the church office at (651) 454-2344.

# AUTHORIZATION FORM

The **Simply Giving**® Program

endorsed by



Name of the organization: **Mount Calvary Lutheran Church**  
**3930 Rahn Road**  
**Eagan, MN 55122**

Mail Completed Form to:  
**Mount Calvary Lutheran Church**  
 3930 Rahn Road  
 Eagan, MN 55122

FOR OFFICE USE ONLY	GIVING #	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 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Semi-Monthly (transferred on 1 <sup>st</sup> & 15 <sup>th</sup> of each month)	FUNDS: <input type="checkbox"/> Mission Mount Calvary Annual Fund ( <i>General Fund</i> )
		AMOUNT: \$ _____
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: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  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: _____	

***If using a checking account, please attach a voided check here.***