

# **Pledge and Automatic**

## Withdrawal Authorization Form

Please complete, sign and return this form to the church by November 5. It is important we hear from you regardless of your choice. Date of donation will begin with January 2024.

## **2024 PLEDGE INFORMATION**

Thank you for participating in our Stewardship Campaign. As a partner in the Midvale Community, we ask you to prayerfully consider your support for our ministry throughout the year. Your generosity and faithfulness are appreciated!

Last Name:	First Name:
Address:	
City:	State: Zip:
2024 PLEDGE AMOUNTS:	
□ I pledge \$ per <i>week/mont.</i>	h/year (circle choice) to the <b>General Fund</b> .
Authorized Signature:	Date:
PLEDGE COMMITMENT:	
If you would like to fulfill your pledge COMPLETE PAGE 2 OF THIS FORM.	e commitment via automatic withdrawal, PLEASE
Automatic withdrawal provi	des the church with needed consistency and is a
со	nvenient way to give.
REMEMBERING MIDVALE IN YOUR F	UTURE PLANS:
<ul> <li>Please contact me about including</li> </ul>	g Midvale in my estate planning.
□ I have already included Midvale ir	n my estate plans.

## **AUTOMATIC WITHDRAWAL AUTHORIZATION FORM**

### **INSTRUCTIONS:**

**DONATION AMOUNT:** 

Authorized Signature:

No Change

- If you are starting automatic withdrawal or continuing but wish to change your commitment for 2024, please indicate the amounts in the Fund section below, mark the frequency, total the amount per withdrawal and sign at the bottom of the form.
- If this is your first time using automatic withdrawal, please attach a voided check.
- If there is no change to your withdrawal, simply select the "No Change" options below and sign the form at the bottom. There is no need to attach a voided check.
- The General/Operating Fund supports all of our daily ministries, the Building Fund pays down our mortgage, and the Hunger Fund supports local and ELCA hunger ministries.
- If you have any questions, please call Amanda Mueller in the church office at 608-238-7119 or email her at bookkeeper@midvalelutheran.org.

☐ Discontinue electronic donation			□ No Chango	
□ Change Amount:			□ No Change	
Fund:	Amount	t Per Withdrawal:	☐ Monthly on the 1st	
General/Operating	\$		☐ Monthly on the 15th	
Building	\$		☐ Semi-Monthly— 1st and 15th	
Hunger	\$			
	Ġ			
Total Per Withdrawal	Ψ			
Total Per Withdrawal	Y			
Total Per Withdrawal  BANKING INFORMATION:	<u> </u>	Please complete if this	s is your first time using automatic	
		withdrawal or if you a	s is your first time using automatic re using a new account. Attach a	
BANKING INFORMATION:		withdrawal or if you a voided check.	re using a new account. Attach a	
BANKING INFORMATION: Please debit my donation from:	nancial insti-	withdrawal or if you a	re using a new account. Attach a	

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.

Date: