



Simply Giving (Online Giving)

Open your heart without opening your checkbook

Reasons to sign up for Simply Giving:

- No need to write checks or bring cash to church
- Peace-of-mind knowing that the church is receiving your contribution even if you are unable to attend
- More secure than checks
- All contributions are recorded for you on your bank statement with date of settlement
- **IT COSTS YOU NOTHING!**

SIGN UP ONLINE TODAY!

*To Sign up for Simply Giving online, please visit
www.stmarks-sf.org/giveagift*

You may also complete your commitment card there as well. Alternatively, please complete the authorization form on the reverse side and return it to the church office.

Mail, deliver or fax completed form to:
St. Mark's Lutheran Church
1111 O'Farrell Street, San Francisco, CA 94109
Fax: (415) 928-8534



Member Enrollment and Authorization Form

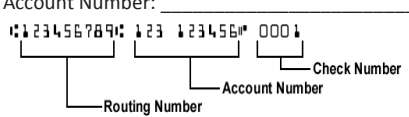
Complete This Section for ALL Enrollments: (Please print)

Last Name	First Name	Middle Initial
Mailing Address	City	State
Home Telephone Number	Work Telephone Number	
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		

Complete This Section for Lutheran Congregation Donations:

Congregation Name St. Mark's Lutheran Church	Street Address 1111 O'Farrell Street		
City San Francisco	State CA	ZIP Code 94109	

Frequency of Funds Transfer (Please check only one) <input type="checkbox"/> Weekly on Monday <input type="checkbox"/> Weekly on Friday <input type="checkbox"/> Semi-monthly (transferred on 1 st and 15 th of each month) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th START DATE: _____	Fund Designations General Fund Other TOTAL	Amount \$ _____ \$ _____ \$ _____
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CHECKING / SAVINGS	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (staple a voided check below)	Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____ 
I authorize the above organization and Vanco Services, LLC 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 CARD	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card
Credit Card Number: _____ Expiration Date: _____	
Name on Card: _____	
Billing Address (if different from above): _____	
I authorize the above organization and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____	

FOR CONGREGATION/INSTITUTION OFFICE USE ONLY:

Congregation/Institution Code: 0018773531 Envelope/Participant Number: _____	Date: _____ Verifier Initials: _____
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