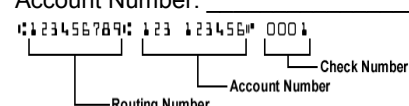


AUTHORIZATION FORM

FOR OFFICE USE ONLY	DONOR #:	DATE:
Lutheran Services for the Aging		504737077
Last Name		First Name
Address		
City		State Zip
Email Address		Phone #
Congregation		
City		
GIFT PURPOSE: PLEASE CHECK ONE		
<input type="checkbox"/> Keeping the Promise <input type="checkbox"/> LSA Unrestricted		
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> One – time <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	Amount of first donation: \$ _____ Amount of last donation (optional): \$ _____
CHECKING / SAVINGS	Please debit payment 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 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 donations 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 to charge my credit card in accordance with the information above. Signature (as it appears on the credit card): _____ Date: _____	

Please staple voided check over credit card section above if using checking account.

**Please send completed forms to: Lutheran Services for the Aging
 PO Box 947
 Salisbury, NC 28145-0947**