



This member enrollment and authorization form is adapted for use by persons contributing through the St. Paul Area Synod to the work and mission of

LA IGLESIA LUTERANA AGUSTINA DE GUATEMALA



COMPLETE ALL SECTIONS FOR ENROLLMENTS *(Please Print)*

Last Name	First Name	Middle Initial
Mailing Address	City	State Zip
Home Phone #	Work Phone #	
Email Address	Home Congregation	

CHECK APPROPRIATE BOX

- New Enrollment/Authorization Change in Authorized Amount Change in Account

GIFT/PAYMENTS SHOULD BE TAKEN FROM:

- Checking *(Attach voided check or facsimile)* Routing # _____
Valid routing # must begin with 0, 1, 2, or 3
- Savings *(Attach savings deposit slip or facsimile)* Account # _____

REQUIRED: I authorize Thrivent Financial Services and Vanco Services, LLC to automatically withdraw contributions/tuition payments/donations from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.

Account Holder Signature _____

ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP OR FACSIMILE THEREOF

DATE OF MONTHLY GIFT TRANSFER

- Monthly on the 1st Monthly on the 15th Amount of each monthly gift *(Minimum \$5.00)* \$ _____ .00
- Date of first payment: _____ Date of last payment:* _____

**If you want your gift to be given continuously until you notify us to change the amount or stop the gift, please write "CONTINUE" as the date of the last payment.*

I WANT MY GIFT TO GO TO THE ACCOUNT OF:

- Amanda Olson de Castillo—Missionary / Pastor. Funds will be applied toward the SPAS commitment for salary support. Gracias!
- Seminary and Guest House at the Lutheran Center, Guatemala City. Funds will be used for construction, furnishings, and development. Thank you!
- General Fund to be used at the discretion of ILAG Leadership Team.
General Fund includes Community Leadership Development, Health Ministry, Elementary School and Teachers Fund, School Scholarships, Woman's Ministry, Youth and Children's Ministry, and Pastoral Fund. Muchas Gracias!

FOR ST. PAUL AREA SYNOD OFFICE USE ONLY

Congregation Code: *(if applicable)* _____

Date Entered: _____

Verifier Initials: _____

Notes: _____

MAIL COMPLETED FORM TO:

St. Paul Area Synod ATTN: Myrna Lamberton
 105 W. University Ave. Saint Paul, MN 55103-2094
 or FAX: 651.224.5646