



Join LHF's Book-a-Month Club!



India

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I wish to provide a monthly financial gift to the Lutheran Heritage Foundation, according to the terms defined below.

_____ signature

Your enrollment in the LHF Book-a-Month program will remain in effect until amended or cancelled in writing by you. Allow 30 days for any changes to your enrollment to take effect. Please immediately alert the Lutheran Heritage Foundation to any changes in your bank account or credit card expiration dates.

Please complete banking information below

LHF MONTHLY GIFT BANKING INFORMATION

CREDIT CARD

I wish to make my gift in the amount of \$ _____ .00 on the 1st day of each month 16th day of each month

Charge my gift to my: Mastercard Visa Discover American Express Expiration Date: _____

Credit card number: _____

Name as it appears on the credit card: _____

Signature: _____

OR

AUTO DEBIT

I wish to make my gift in the amount of \$ _____ .00 on the 1st day of each month 16th day of each month

Deduct my gift from my: checking acct. savings acct. at financial institution name: _____

Routing number: _____ Account number: _____

Account holder's name: _____

Signature: _____