

YES! I/We would like to Support the Mission and Ministry of Camp Luther!

Contact Information

Name(s): _____
Street Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: ____ / ____ / ____ (Required by our database software. Your information will not be shared.)
Phone: (____) _____ Email: _____

One-time Gift

Gift Amount: \$250 \$500 \$1000 \$ _____
 Check Enclosed Visa MasterCard Discover
Card Number: _____ Exp. Date: ____ / ____
CV Code: _____ Signature: _____
 I/we are interested in discussing our estate plan and leaving a legacy at Camp Luther.

Recurring Gift

_____ divided by _____ = \$ _____
Total Donation Months to Pay Monthly Transfer Amount

Debit from:
 Checking
 Savings

Transfer date (check one):
 Semi-monthly (1st and 15th)
 Monthly on the 1st
 Monthly on the 15th

Account Number

Start date: ____ / ____ / ____

Routing Number (First nine numbers in bottom lefthand corner of check)

End date: ____ / ____ / ____

Authorization

I authorize the above-named organization and Vanco Services, LLC to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

Authorized Signature for Account

Date

In Memory of _____
 In Honor of _____

Recognition:

(Name(s) for newsletter)
 I/we wish to remain anonymous.
 I am a Thrivent member.

**"Building up believers in Christ for service to the Church and witness to the world."
1889 Koubenec Road · Three Lakes, WI 54562 · 877-264-CAMP**

