LUTHERANS FOR LIFE

Mailing Address: 1101 5th St, Nevada, IA 50201-1816

One-time Donation Form

Name_____

Address_____

City_____ State_____ Zip_____

Phone_____

Email_____

Gift Amount $_____

Payment Method: ☐ Check

☐ Credit Card: _____ Expires____/_____

☐ EFT: Routing: _____ Account: _____

- ***If you would like to initiate a recurring electronic funds transfer (EFT) ACH contribution through your bank account, fill out form on second page and return to Lutherans For Life Page 1 is for one-time donations only.***

Lutherans For Life is a public charity exempt from federal income tax as an organization described in Section 501(c)(3) of the Internal Revenue Code. All contributions to the Organization are tax deductible to the fullest extent allowed by law. Our policy is to apply all gifts given toward a specific program to that program. Occasionally, we receive more contributions than can be wisely used toward a specific project - when that happens, we use these funds to meet other pressing needs that spread the Gospel of Jesus Christ by helping to preserve traditional values.

Source Code: WEB2026DM21

AUTHORIZATION TO INITIATION ACH DEBIT ENTRIES

Name of Company: Lutherans For Life

1101 5th, IA 50201-1816

Phone: (515) 382-2077 Email: info@lutheransforlife.org

Thank you for your desire to support Lutherans For Life. We appreciate your investment in our ministry. To initiate an electronic funds transfer contribution, we ask that you please print and fill out the information below. This is to verify, in writing, authorization for your donation according to NACHA compliance rules for ACH debit transactions. To see these rules in their entirety please visit: https://www.nacha.org/rules

---

CUSTOMER INFORMATION

I authorize Lutherans For Life to deduct from my account as indicated (this includes my authorization for Lutherans For Life to reverse any charges made in error). This authority will remain in effect until I give written or verbal notice (via one of the contact methods noted above) to change or cancel. I understand all changes to this agreement may take three to six weeks to be processed.

Full Name on Account:_____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Account #: _____ Routing #: _____

Account Type (select one): ☐ Checking ☐ Savings

New recurring ACH Request: ☐ Updated bank information for existing recurring ACH: ☐

Debit Payment Details Amount: _____

Day of Withdrawal: _____

Frequency: ☐ Monthly

Program I would like to support with my recurring contribution: ☐ General fund

☐ Membership

Customer Signature: _____ Date: _____

(Authorized Signer for Account)

Print Name: _____

Please mail or fax this completed form back to Lutherans For Life at your earliest convenience.

Lutherans For Life
1101 5th St
Nevada, IA 50201-1816