



LUTHERAN BRAILLE WORKERS, INC.

Helping People Touch the Promises of Jesus

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ELECTRONIC GIVING AUTHORIZATION FORM

502738851

FOR OFFICE USE ONLY		DONOR #:	DATE:
Last Name		First Name	
Address			
City		State	Zip
Email Address			<input type="checkbox"/> Please send my receipts via email.
DONATION: <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change in authorized Amount <input type="checkbox"/> Change in account			
Date of first donation: ____/____/____ Date of last donation (optional): ____/____/____		Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	
		Amount per donation: \$ ____ Work Center Number (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 Lutheran Braille Workers, Inc. and Vanco Services, LLC 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"/> American Express <input type="checkbox"/> Discover Card		
	Credit Card Number:		Expiration Date:
	Name on Card:		
	Billing Address (if different from above):		
	I authorize the above organization and Vanco Services, LLC 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.

Mail completed form to LBW at above address.

The Simply Giving Program
 endorsed by
 Thrivent Financial Bank