



*Good Shepherd*  
LUTHERAN CHURCH

106 Osage Avenue, Bismarck, ND 58501-2673

Please contact the church for help in filling out this form.

Phone: 255-1001

Fax: 255-3644

Web: [www.GoodShepherdBismarck.com](http://www.GoodShepherdBismarck.com)

GoodShepherdBismarck.com

# Automated Giving Plan

Credit Card Authorization Form

Please return this form to the church office or fax to 255-3644.

## SECTION 1: Member info

Member Name (Please Print) \_\_\_\_\_

Member Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

- New Authorization  
 Change in authorized amount  
 Change in account  
 Other \_\_\_\_\_

## SECTION 2: Gift Information

### Frequency

Annually  
(Your gift will be transferred on noted start date)

Monthly  
(Your gift will be transferred on the 1st of each month.)

### Fund Designation

- General/Operating \$ \_\_\_\_\_  
 Building \$ \_\_\_\_\_  
 Capital Campaign \$ \_\_\_\_\_

Start Date: \_\_\_\_\_  
If no date is filled in, the first transaction will take place on the next applicable date after form is received.

## SECTION 3: Account Information

Visa     MasterCard

Account number \_\_\_\_\_ Expiration date \_\_\_\_\_

Name as it appears on the card (please print) \_\_\_\_\_

## SECTION 4: Authorization

I authorize Good Shepherd Lutheran Church to process charges to my credit card account according to the terms and amount specified in section 2. This authority will remain in effect until I give reasonable notification to terminate or change this authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## FOR OFFICE USE ONLY

Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member Envelope Number \_\_\_\_\_