

COVID-19 and eGiving Offerings for Peace Lutheran Church

Dear Peace Lutheran Church members—We're getting in touch with you today as our habits are ever changing amid the spreading of COVID-19 . We fully understand that you might not be comfortable attending and bringing your family to large gatherings, including Peace Lutheran Church services. We also know that supporting Peace Lutheran Church is important to you. Our work supporting members and our community will not stop because of this public health challenge. Peace Lutheran Church wants to increase its support of members and community during this difficult time.

Peace Lutheran Church and Hastings, NE are a strong community. We will weather this together, even if we're not all gathered together at church services. We appreciate your giving, and we do important work with members' generosity. As we alter the way we operate, please consider making a gift via eGiving for your offering. Peace Lutheran Church has used Vanco eGiving electronic offerings for several years, so you may feel comfortable using this method of giving to continue to support our work for our Lord and Savior Jesus Christ in this great time of need.

If you would like to sign up for electronic giving for your offering to Peace Lutheran Church please fill out the attached form and mail to the church (*If you mail it to the church you may attach a voided check*) or email it to Roger Buck at:

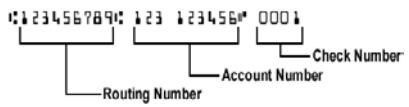
personemlz@charter.net

This can be temporary or permanent (*mark the form accordingly*) as you can start and stop the electronic giving at any time. by contacting Roger Buck. You may also contact Roger Buck at the above email address with any questions or to change your giving.

"Pay careful attention to yourselves and to all the flock, in which the Holy Spirit has made you overseers, to care for the church of God, which he obtained with his own blood." Acts 20:28

AUTHORIZATION FORM

Organization Name: Peace Lutheran Church

Customer Id # _____		DATE _____
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change payment amount <input type="checkbox"/> Change payment date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic payment		
Last Name _____	First Name _____	
Address _____		
City _____	State _____	Zip _____
Email Address _____		
Payment Frequency: <input type="checkbox"/> one-time Date of one time payment: ____/____/____ Amount : \$ _____ <input type="checkbox"/> Recurring (select one)- <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Other _____ Date of first payment: ____/____/____ Amount of recurring payment: \$ _____		
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 the above organization 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: _____