


Friend of Life

monthly donation authorization form

Keep this portion	WELS Lutherans for Life 8501 W. Lincoln Ave., West Allis, WI 53227 www.ALife2.com (414) 727-8176 <i>Treasuring human life one heart at a time!</i>		
	Monthly Amount \$ _____	Date of Transfer __ / __ / ____	 <small>egiving systems</small> electronic monthly stewardship
	<input type="checkbox"/> Bank Account _____	<input type="checkbox"/> Credit/Debit Card _____	
<i>Thank you! Your faithfulness is appreciated. Please contact us for any changes required.</i>			

----- Separate here and retain the top portion for your (donor) records. -----

Return this portion	WELS Lutherans for Life 8501 W. Lincoln Ave., West Allis, WI 53227 - (414) 727-8176		
	I authorize my bank or credit card company to transfer funds monthly in the amount of \$ _____ (US) until further notice. I understand I am in full control of my donation and anytime I wish to make changes I will contact this organization.		
	<input type="checkbox"/> I prefer a monthly transfer date of the 5th or the 20th (<i>circle one</i>) starting _____ (month).		
	<input type="checkbox"/> Checking (attach a voided Check)	<input type="checkbox"/> VISA	Acct # ____ / ____ / ____ / ____
	<input type="checkbox"/> Savings (attach a voided deposit slip)	<input type="checkbox"/> MasterCard	Expiration Date __ / __
	Giver's Name _____		Phone _____
	Address _____		E-mail _____
	City/ State/ Zip _____		
Date _____		Giver's Signature _____	