

Joyful Response[®]

A free electronic stewardship giving opportunity for individuals and ministries of The Lutheran Church–Missouri Synod.



Use *Joyful Response* to:

- > Transfer your stewardship donations directly from your bank or Lutheran Church Extension Fund StewardAccount[®] safely and conveniently.
- > Help you plan and fulfill your stewardship commitments in a timely manner.
- > Eliminate the time and cost of writing checks.

Now you can make your donations electronically!

Joyful Response service provided by:



Lutheran Church Extension Fund

> where investments build ministry

10733 Sunset Office Drive
Suite 300
St. Louis, MO 63127-1020
800-843-5233
lcef.org



LCEF is a nonprofit religious organization; therefore, investments are not FDIC-insured bank deposit accounts. This is not an offer to sell LCEF investments, nor a solicitation to buy. LCEF will offer and sell its securities only in states where authorized. The offer is made solely by LCEF's Offering Circular. Investors should carefully read the Offering Circular, which more fully describes associated risks.

Joyful Response[®] Electronic Donation Program

Enrollment/Change Form

Complete this form and return it to the ministry office to begin or change your current stewardship giving. Your donations will be made automatically each month from your bank account or your LCEF StewardAccount[®].

Check the appropriate box:

- New enrollment Donation change Account information change

Please Print in Black Ink

Member Last Name	First Name	MI	Daytime Telephone
Mailing Address	City, State, ZIP	Email Address	
Organization Name	Organization Telephone Number		
Organization Address	City, State, ZIP		

My Giving Plan

_____ divided by _____ = \$ _____
Total Donation *Months to Pay* *Monthly Transfer Amount*

Debiting Account

Debit from:

- Checking
 Savings
 LCEF StewardAccount

Transfer Date (check one):

- Semi-monthly (1st and 15th)
 Monthly on the 1st
 Monthly on the 15th
 Other _____

Account Number _____
Routing Number (First nine numbers
in bottom left-hand corner of check)

Start date: ____/____/____
End date (if any): ____/____/____

Authorization

I authorize the above-named organization to process debit entries from my account. This authority will remain in effect until I give reasonable notification to terminate this authorization or until the last specified payment date.

Authorized Signature for Account _____ Date _____

TO BE COMPLETED BY MINISTRY OFFICE

Participant ID# _____ Initials _____
Vanco Client ID# _____ Date _____

Attach void check
or savings deposit
slip here.