

The Barnabas Group Membership Enrollment

You can expect my gift to be:

___ Annual _____ amount

___ Bi-annual _____ amount

___ Monthly _____ amount

By Electronic Fund Transfer

***complete info below

___ ___ ___ ___ ___ ___ ___ ___ ___ 9 digit routing #

___ ___ ___ ___ ___ ___ 6 digit bank account #

___ checking ___ savings

EFT Withdrawal date: ___ 1st ___ 15th

Beginning date _____ Ending date _____

___ I would like to learn more about Estate Planning, please contact me

___ please have Matt Steiner, LCMS Gift Planning Counselor from the MN
South District contact me

Name as you wish to be listed:

Signature