

## CONSENT FORM

Atonement Lutheran Church 29617 State Road 54 Wesley Chapel, FL 33543  
(813) 973-2211 Email: office@discoveralc.com

I hereby give permission for Atonement Lutheran Church to use photographs (individual, group-still, or video) of the below named people in their program promotions, including their website, news bulletins, movies, television, displays, and in training materials.

Name: \_\_\_\_\_

Relationship: Self \_\_\_\_\_ Child \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: Self \_\_\_\_\_ Child \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

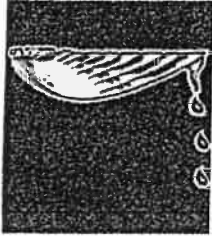
Relationship: Self \_\_\_\_\_ Child \_\_\_\_\_ Other: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: Self \_\_\_\_\_ Child \_\_\_\_\_ Other: \_\_\_\_\_

Signature (Parent or Guardian) \_\_\_\_\_

Date: \_\_\_\_\_



## Atonement Lutheran Church

Pastor Scott Lindner

29617 State Rd. 54

Wesley Chapel, FL 33543

*"Sharing the love of Jesus by glorifying God and extending His kingdom"*

(813) 973-2211

office@discoveralc.com

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### Covenant for adult members

Acknowledging Jesus as my friend, Savior, and Lord and my agreement with the faith and mission of Atonement Lutheran Church, I enthusiastically commit myself to partnership in ministry as a member of this congregation. As a member, I will (with the help of God)...

...uphold the vision of Atonement

- ❖ by praying for the staff
- ❖ by praying for the family of faith
- ❖ by praying for the leaders

...participate in the mission of Atonement to

*"share the love of Jesus by glorifying God and extending His kingdom"*

- ❖ by praying for our congregation's growth
- ❖ by inviting unchurched people to attend
- ❖ by lovingly welcoming others who attend

...serve in the ministries of Atonement

- ❖ by cultivating a serving heart
- ❖ by finding and using my God-given gifts and talents
- ❖ by plugging into an area of service

...support the work of God at Atonement

- ❖ by attending worship regularly
- ❖ by growing in my personal faith
- ❖ by investing a proportion of my resources regularly

...seek unity with Christ and God's people at Atonement

- ❖ by showing mutual respect and understanding when differences of opinion arise
- ❖ by allowing the peace and forgiveness of Christ to guide my relationships
- ❖ by prayerfully supporting partner congregations and ministries

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# Head of Household

Atonement Lutheran Church 29617 State Road 54 Wesley Chapel, FL 33543  
 (813) 973-2211 Email: office@discoveralc.com

Date: \_\_\_\_\_

Title: \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

**Head of Household** First, Middle, Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Family Members in Your Current Household	Relationship	Birthdate

**Primary Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Alternate Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**OFFICE USE ONLY: DATE NEW MEMBER RECEIVED:** \_\_\_\_\_ **ICON Date:** \_\_\_\_\_ **Initials** \_\_\_\_\_

# Head of Household Form Member 1

Atonement Lutheran Church 29617 State Road 54 Wesley Chapel, FL 33543  
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First, Middle, Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female/MaidenName: \_\_\_\_\_

Denomination: \_\_\_\_\_

## **Special Events:**

**Birth:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

**Baptism:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Sponsor 1: \_\_\_\_\_

Sponsor 2: \_\_\_\_\_

Sponsor 3: \_\_\_\_\_

Sponsor 4: \_\_\_\_\_

**Confirmation:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

**Marriage:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

Received By: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

Removed By: Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: \_\_\_\_\_

## **Work Information:**

Work Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**OFFICE USE ONLY: DATE NEW MEMBER RECEIVED:** \_\_\_\_\_ **ICON Date:** \_\_\_\_\_ **Initials** \_\_\_\_\_

## New Member Form Individual #2

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Date: \_\_\_\_\_

Title: \_\_\_\_\_ Marital Status: Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

First, Middle, Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female/MaidenName: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_ Denomination: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Primary Address**

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Special Events:**

**Birth:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

**Baptism:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

Sponsor 1: \_\_\_\_\_ Sponsor 2: \_\_\_\_\_

Sponsor 3: \_\_\_\_\_ Sponsor 4: \_\_\_\_\_

**Confirmation:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

**Marriage:** Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Church: \_\_\_\_\_ Pastor: \_\_\_\_\_

**Work Information:**

Work Place: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

**Alternate Address:**

Address: \_\_\_\_\_

City, St., Zip: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

OFFICE USE ONLY: DATE NEW MEMBER RECEIVED: \_\_\_\_\_ ICON Date: \_\_\_\_\_ Initials \_\_\_\_\_

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## New Member Introductory Questions

Name: \_\_\_\_\_

**What are some of your hobbies/interests?**

**What draws you to our particular congregation?**

**Describe your family background & where you are from originally:**

**What clubs/organizations/church activities are you interested or involved in?**

**Please add any additional information about yourself (life highlights) you'd like us to know:**



## A simple choice; a generous response

### The *Simply Giving*<sup>SM</sup> Program

Through *Simply Giving*<sup>SM</sup>, your offerings or tuition payments are made through a pre-authorized withdrawal from your bank account. You determine the frequency of your automatic donation – weekly, semi-monthly, or monthly – the option is yours. **Note:** The date the monthly tuition payment is transferred from your account to the school account is predetermined by the school. Your donation or payment is deposited into the recipient's bank account on the same day it is withdrawn from your account.

### Benefits to you and...

#### Your Congregation

*Simply Giving*<sup>SM</sup> is a reliable, safe way to move your stewardship plan into action. It allows you to share your donations through planned giving and activates your generosity into ongoing stewardship. Because your donation is given consistently, you won't need to play "catch-up" at year-end or worry about forgotten checkbooks or missed Sunday offerings. But you're not the only one that benefits. Your congregation benefits from steady, more predictable revenues throughout the year, more efficient bookkeeping, and greater confidence in meeting its financial commitments.

#### Your School

This program is also a convenient way to pay tuition at a Lutheran school. *Simply Giving*<sup>SM</sup> provides an easy, no-cost way for the school to collect tuition, and allows the school to benefit from consistent cash flow. Your tuition payments are made to the school through a pre-authorized withdrawal from your bank account and deposited on the same day into the school's bank account.

#### Your Favorite Lutheran Institution

You can also make convenient contributions to other Lutheran institutions through the *Simply Giving*<sup>SM</sup> program. Because of your planned giving and ongoing stewardship, the institution you support benefits from steady, more predictable revenues throughout the year. This helps the institution to better meet its financial goals and development objectives.

### Why does Thrivent Financial for Lutherans offer the *Simply Giving*<sup>SM</sup> program?

Thrivent Financial for Lutherans offers *Simply Giving*<sup>SM</sup> to further its mission of serving Lutheran congregations and institutions.

### Who do I call if I have more questions about the *Simply Giving*<sup>SM</sup> program?

Contact the institution benefiting from your giving. Your Thrivent Financial representative may also be able to answer your questions.

### How do I cancel or change my authorization?

Contact the institution benefiting from your giving.

### How do I participate?

First make sure the institution you wish to benefit is enrolled in *Simply Giving*<sup>SM</sup>. Then complete the form on the reverse side and return it to the congregation or institution that will benefit from your giving.

#### ENROLLMENT INSTRUCTIONS:

1. Using black ink, complete the personal information section including name, address and telephone numbers.
2. Indicate whether this is a new enrollment/authorization, a change in amount, or a change in bank account.
3. Indicate the account type, routing number and account number. Attach a voided check or savings deposit slip to the enrollment form for a new enrollment or change in bank account.
4. Sign and date the Account Holder Signature section.
5. Complete the appropriate section with the institution name and address that will benefit from your giving.

#### For Your Lutheran Congregation offering:

- Designate which fund(s) your donation should go to and the amount.
- Select the frequency of your offering.

#### For Your Lutheran School Tuition:

- Calculate the amount of each monthly tuition payment.
- Determine the date of your first and last payment

#### For Your Lutheran Institution Donation:

- Select the date of the monthly donation transfer and the amount of each monthly donation.
- Determine the date of your first and last donation

6. Return the completed enrollment form to the Lutheran congregation, school or institution benefiting from your giving.

**PRIVACY / CONFIDENTIALITY:** The Authorization Form on the back is seen by the nonprofit Lutheran organizations enrolled in *Simply Giving*<sup>SM</sup> as well as by the Vanco Services employees who process it. In addition, participant name and address information may be provided to Thrivent Financial for Lutherans. Participant information will not be shared with any other organizations.

See reverse side for Authorization Form.

 Thrivent Financial for Lutherans<sup>SM</sup>



# AUTHORIZATION FORM

The **Simply Giving** Program

endorsed by



Name of the organization: \_\_\_\_\_

FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE
Effective date of authorization: ____/____/____		
Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation		
Last Name	First Name	
Address		
City	State	Zip
Email Address		
Date of first donation: ____/____/____	Frequency of donation: (please check one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup> <input type="checkbox"/> Bi-Weekly (every other week) <input type="checkbox"/> One Time	Amount of first donation: \$ _____  Date of first donation: _____  Amount of last donation (optional): \$ _____
Date of last donation (optional): ____/____/____		
<b>CHECKING / SAVINGS</b>	Please debit my donation from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach 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: _____

Church fund designations:	Amount:
GENERAL FUND/OPERATING BUDGET	\$ _____
BUILDING FUND	\$ _____
OTHER: _____	\$ _____
OTHER: _____	\$ _____
<b>TOTAL AMOUNT OF DONATION (min. \$5)</b>	<b>\$ _____</b>

*If using a checking account, please attach a voided check to this page.*