

A free electronic mite giving opportunity for individuals and societies of Lutheran Women's Missionary League.

Joyful Response[®]

Now you can donate your LWML mites electronically!



Use *Joyful Response* to:

- Transfer your personal or society's mites directly from your bank or Lutheran Church Extension Fund StewardAccount[®] safely and conveniently.
- Directly and easily support District and National LWML mission grants.
- Help you plan and fulfill your mite donations in a timely manner, even if you cannot be at the LWML meeting.
- Eliminate your time and cost of writing checks or handling cash and coins.



Joyful Response[®] service provided by:

Lutheran Church Extension Fund

10733 Sunset Office Drive, Suite 300

St. Louis, MO 63127-1020

1-800-843-5233 • www.lcef.org



LCEF is a nonprofit religious organization; therefore, LCEF investments are not FDIC-insured bank deposit accounts. This is not an offer to sell investments, nor a solicitation to buy. 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 Mites Program

Enrollment/Change Form

Complete this form and return it to your District LWML Treasurer to begin or change your current mite 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

Last Name First Name MI Daytime Telephone Number

Mailing Address City, State, ZIP E-mail Address

Society Name Church Name Church Telephone Number

Church Address City, State, ZIP

My Giving Mite 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.

Start date: ____/____/____

End date: ____/____/____

Account Number

Routing Number (First nine numbers in bottom lefthand corner of check)

Authorization

I authorize the above-named organization and Vanco Services, LLC 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 DISTRICT TREASURER

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

Attach void check
or savings deposit
slip here.