



# Fire Starters

## Monthly Giving Authorization Form

Yes, I want to participate in the Nebraska Lutheran Outdoor Ministries Fire Starters Monthly Giving Club.

Name(s), print please \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone/s \_\_\_\_\_ Cell Phone/s \_\_\_\_\_  
E-mail \_\_\_\_\_  
Congregation/Town \_\_\_\_\_

### Donation:

Date of first donation: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Frequency of donation:  Monthly on the 1st  Monthly on the 15th  
Amount of donation: \$ \_\_\_\_\_

### Checking/Savings:

Please debit payment from me (check one):  Savings Account  Checking Account  
Routing Number (valid routing # must start with a 0, 1, 2, or 3): \_\_\_\_\_  
Account Number: \_\_\_\_\_

### Credit Card:

Please charge my donations to my (check one):  Visa  MasterCard  American Express  Discover Card  
Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing Address (if different from above): \_\_\_\_\_

I authorize the above organization and Vanco Services, LLC 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail or fax this form to:

Nebraska Lutheran Outdoor Ministries  
ATTN: Jason Gerdes  
27416 Ranch Road  
Ashland, NE 68003-3518  
Phone & Fax: 402-944-2544  
jgerdes@nlom.org

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