GivingPlus® Member Gift Form

Thrivent Financial for Lutherans®
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800-THRIVENT (800-847-4836)

Send this completed form, along with your gift, to the eligible Lutheran organization of your choice. The check must be made payable to the enrolled organization. *Note: A congregation is not an eligible recipient for this program.* List only one member and one organization per form. Either the Thrivent Financial Member ID or Social Security number is required for the gift to be processed. Use black ink.

Thrivent Financial for Lutherans Member Information

Select ID type, write in either your **Thrivent ID or your Social Security number,** and fill in the bubbles below. Your Thrivent ID is a nine-digit number beginning with a "5."

○ **Thrivent ID** ○ **Social Security number**

0	○	○	○	○	○	○	○	○
1	○	○	○	○	○	○	○	○
2	○	○	○	○	○	○	○	○
3	○	○	○	○	○	○	○	○
4	○	○	○	○	○	○	○	○
5	○	○	○	○	○	○	○	○
6	○	○	○	○	○	○	○	○
7	○	○	○	○	○	○	○	○
8	○	○	○	○	○	○	○	○
9	○	○	○	○	○	○	○	○

First eight characters of last name

Member name

Address

City **State** **Zip code**

Home phone number

Volunteer hour information

○ Mark this oval if you have contributed 25 or more hours of volunteer service to this organization during the current calendar year.

Gift Information

Name of institution or organization receiving gift

ELCHA

City **State**

Indiana PA

I certify that I am a Thrivent Financial for Lutherans member 16 years of age or older and that I am making this gift under the guidelines of the GivingPlus program. I understand this program is solely a fraternal benefit of Thrivent Financial for Lutherans and not a guaranteed contractual benefit. I understand the budget for this program is established annually and therefore all eligible gifts may not be supplemented. Finally, I understand that contributions by Thrivent Financial are subject to the guidelines of the GivingPlus Program.

Signature of member

Gift date

/ /

Amount of individual member gift

Enter only whole dollars.

								0	0
0	○	○	○	○				●	●
1	○	○	○	○				○	○
2	○	○	○	○				○	○
3	○	○	○	○				○	○
4	○	○	○	○				○	○
5	○	○	○	○				○	○
6	○	○	○	○				○	○
7	○	○	○	○				○	○
8	○	○	○	○				○	○
9	○	○	○	○				○	○

For Use by Recipient Organization

Thrivent Financial for Lutherans Organization ID

5	1	3	4	1	0	2	2	8

OR

Thrivent Financial for Lutherans Organization ID
If using stamp, place in space below.

I certify that the stated gift has been received and satisfies the requirements of the Thrivent Financial GivingPlus Program.

Signature of program coordinator