

GivingPlus® Gift Form



4321 N. Ballard Road, Appleton, WI 54919-0001
 www.thrivent.com • e-mail: mail@thrivent.com
 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 donor and one organization per form. Your unique secure identifier is required for the gift to be processed.

Donor Information

First five characters of last name

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First and last name

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Address

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City

State

Zip

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Home phone number

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Note:

Your unique secure ID consists of the first 5 letters of your last name and the last 4 digits of your social security number.

Use black ink.
 Use block letters
 (e.g. A, B, C).

Last four digits of your social security number

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

Gift Information

Date of Gift (Month)

- | | | |
|----------------------------|----------------------------|----------------------------|
| <input type="radio"/> Jan. | <input type="radio"/> May | <input type="radio"/> Sep. |
| <input type="radio"/> Feb. | <input type="radio"/> Jun. | <input type="radio"/> Oct. |
| <input type="radio"/> Mar. | <input type="radio"/> Jul. | <input type="radio"/> Nov. |
| <input type="radio"/> Apr. | <input type="radio"/> Aug. | <input type="radio"/> Dec. |

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.

Date of Gift (Year)

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

Amount of individual gift

\$

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

Name of institution or organization receiving gift

Loving Arms Child Care Center

City

Wichita, KS 67212-2934

State

Kansas

I certify that I am an individual 16 years of age or older who is either a benefit member of Thrivent Financial for Lutherans, or who owns a Thrivent Mutual Funds account and/or Thrivent Life Insurance Company product. I am making this gift under the guidelines of the GivingPlus program. I understand this program is 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 for Lutherans, Thrivent Asset Management and Thrivent Life Insurance Company are subject to the guidelines of the GivingPlus® Program.

Signature of member

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For Use by Recipient Organization

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

Signature of program coordinator

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Thrivent Financial for Lutherans Organization ID

5	1	3	9	6	7	8	9	4
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