

GivingPlus® Member 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 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

First eight characters of last name

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Member name

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Address

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City

State

Zip

--	--	--	--	--	--	--	--	--	--

Home phone number

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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

St. Johns Lutheran School

City

State

Grand Haven

MI

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

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Gift date

		/			/				
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Amount of individual member gift

Enter only whole dollars.

					.	0	0
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0

1

2

3

4

5

6

7

8

9

For Use by Recipient Organization

Thrivent Financial for Lutherans Organization ID

5	0	4	7	4	1	9	4	6
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OR

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

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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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