

Joyful Response®

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



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 the time and cost of writing checks or handling cash and coins.

Now you can donate your LWML mites electronically!

Joyful Response service provided by:



Lutheran Church Extension Fund

> where investments build ministry

10733 Sunset Office Drive
Suite 300
St. Louis, MO 63127-1020
800-843-5233
lcef.org



LCEF is a nonprofit religious organization; therefore, investments are not FDIC-insured bank deposit accounts. This is not an offer to sell LCEF investments, nor a solicitation to buy. LCEF will offer and sell its securities only in states where authorized. 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 stewardship 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

Member Last Name	First Name	MI	Daytime Telephone
Mailing Address	City, State, ZIP	Email Address	
Society Name	Church Name	Church Telephone Number	
Church Address	City, State, ZIP		

My Giving Mite Plan

_____ divided by _____ = \$ _____

Total DonationMonths to PayMonthly Transfer Amount

Debiting Account

Debit from:

- ☐ Checking
- ☐ Savings
- ☐ LCEF StewardAccount

Account Number _____

Routing Number (First nine numbers in bottom left-hand corner of check) _____

Transfer Date (check one):

- ☐ Semi-monthly (1st and 15th)
- ☐ Monthly on the 1st
- ☐ Monthly on the 15th
- ☐ Other _____

Start date: ____/____/____

End date (if any): ____/____/____

Authorization

I authorize the above-named organization 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 AccountDate

TO BE COMPLETED BY MINISTRY OFFICE

Participant ID# _____

Initials _____

Vanco Client ID# _____

Date _____

Society ID# _____

Attach void check or savings deposit slip here.