

Our Mission

How to get started

To set up electronic donations, simply complete the authorization inside and return it to the church office. Donations can be debited automatically from either a checking or savings account.

If using a checking account, please include a voided check with your completed form

Jesus calls us...

Come and See.

Come and Grow.

Come and Serve.



For more information about stewardship please contact any of the individuals listed below:

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St. Andrew Lutheran Church



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Rev. James D. Stender, Pastor

Rev. Martha H. Maier, Associate Pastor

Vicar Emily Hamilton, Intern

Enjoy the convenience of electronic giving!

Our church offers electronic giving, which allows you to make donations on a scheduled, automatic basis. If you are writing checks and preparing envelopes every week, you will especially appreciate electronic giving. It is convenient for you and provides much-needed donation consistency for our church.

AUTHORIZATION FORM

Name of the organization: _____



FOR OFFICE USE ONLY	ENVELOPE/DONOR #	DATE	
Effective date of authorization: ____/____/____ Type of authorization: <input type="checkbox"/> New authorization <input type="checkbox"/> Change donation amount <input type="checkbox"/> Change donation date <input type="checkbox"/> Change banking information <input type="checkbox"/> Discontinue electronic donation			
Last Name		First Name	
Address			
City		State	Zip
Email Address			
DATE OF FIRST DONATION: ____/____/____	FREQUENCY OF DONATION: <input type="checkbox"/> Weekly – Mondays <input type="checkbox"/> Monthly on the 1 st <input type="checkbox"/> Monthly on the 15 th	FUNDS: <input type="checkbox"/> General/Operating <input type="checkbox"/> Other _____	AMOUNTS: \$ _____ \$ _____ Total \$ _____
C H E C K I N G / S A V I N G S	Please debit my donation from my (check one): Savings Account (contact your financial institution for Routing #) Checking Account (attach a voided check below)		Routing Number: _____ <i>Valid Routing # must start with 0, 1, 2, or 3</i> Account Number: _____
	I authorize the above organization 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. Authorized Signature: _____ Date: _____		