



Epiphany Evangelical Lutheran Church

1400 Horsepen Road, Richmond, VA 23226

The Rev. Phillip W. Martin, Jr., Pastor
The Rev. Joseph L. Bolick, Pastor

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Simply Giving Authorization Form

Date ___/___/___

REGULAR OFFERING _____

BRIGHTEN OUR LIGHT CAMPAIGN _____

Name _____

Address _____

City/State/Zip _____

Frequency of Donation and Amount-select one

Weekly \$ _____

1st of Month \$ _____

15th of Month \$ _____

Date of First Donation ___/___/___

Envelope Number _____ Email Address _____

I authorize Epiphany Evangelical Lutheran Church to process debit entries to my account. I understand that this authority will remain in effect until I provide notification to terminate or change this authorization. **I also understand that my signed Annual Pledge Card will be my authorization to change the amount debited to my account, unless notification is given to the Financial Secretary, Bruce Garringer.**

Authorized Signature _____

Date _____

Note!! Please attach a voided checking account or a savings account slip below.