

Mail completed form to:  
**Crean Lutheran South High School**  
 4947 Alton Parkway  
 Irvine, CA 92604



Or Fax completed form to:  
 949-387-1200

## Member Enrollment and Authorization Form

**Complete This Section for ALL Enrollments: (Please print)**

Last Name	First Name	Middle Initial
Mailing Address	City	State ZIP Code
Home Telephone Number	Work Telephone Number	
Check the appropriate box: <input type="checkbox"/> New enrollment/authorization <input type="checkbox"/> Change in authorized amount <input type="checkbox"/> Change in account		

**Complete This Section for Lutheran Institution Donations:**

Name of Institution Receiving Gift <b>Crean Lutheran South (Lutheran High South-Orange County)</b>	Street Address 4947 Alton Parkway	
City Irvine	State CA	ZIP Code 92604
<b>Date of Monthly Gift Transfer:</b> (Please check only one) <input type="checkbox"/> Monthly on the 1 <sup>st</sup> <input type="checkbox"/> Monthly on the 15 <sup>th</sup>		Date of first payment: _____ Date of last payment*: _____ <small>* Note: If you want your gift to be given continuously until you notify us to change the amount or stop the gift, please write "CONT." as the date of the last payment.</small>
Amount of each monthly gift (minimum \$5)      \$ _____		

CHECKING / SAVINGS	Please debit my contribution from my (check one): <input type="checkbox"/> Savings Account (contact your financial institution for Routing #) <input type="checkbox"/> Checking Account (attach a voided check below)	Routing Number: _____ <b>Valid Routing # must start with 0, 1, 2, or 3</b>  Account Number: _____ 
I authorize Thrivent Financial for Lutherans and Vanco Services, LLC to automatically withdraw contributions from my account. I have attached a voided check or savings deposit slip. This authority will remain in effect until I give reasonable notification to terminate the authorization.		
Account Holder Signature: _____ Date: _____		

CREDIT CARD	Please charge my contribution to my (check one): <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card
Credit Card Number: _____ Expiration Date: _____	
Name on Card: _____	
Billing Address (if different from above): _____	
I authorize the Thrivent Financial for Lutherans and Vanco Services, LLC to charge my credit card in accordance with the information above.	
Signature (as it appears on the credit card): _____ Date: _____	

**FOR CONGREGATION/INSTITUTION OFFICE USE ONLY:**

Congregation/Institution Code: <b>0094795499D</b> _____	Date: _____
Envelope/Participant Number: _____	Verifier Initials: _____