

Signature(s):

2024 Financial Stewardship Commitment

Date: _____

Yes	St. John in th	NCE - 2024 ne Wilderness lear Lake, MN 55110		Please print: Name	e(s)	
		•				
My/our total ple	dge for 2024 is \$ _		to be gi	ven by my/our instal	lment frequency	/ chosen below.
Yearly \$	Semiyearly \$	Quarterly \$	Monthly	\$ Semimonthly \$	Biweekly \$	Weekly \$
Monthly Installm	ent Amount: \$ lly transferred on		the 1 st o	f the month, or	the	
Financial Instituti	on Routing Numb	er (nine digits b	eginning wit	h 0, 1, 2, or 3):		
Account Number:				Туре:	Checki	ng Savings
	nt. I (we) underst	and this authori	ty will remai	derness and Vanco Son n in effect until I (we pization.	•	