

# GivingPlus® Gift Form



4321 N. Ballard Road, Appleton, WI 54919-0001  
 www.thrivent.com • e-mail: mail@thrivent.com  
 800-THRIVENT (800-847-4836)

Send this completed form, along with your gift, to the eligible Lutheran organization of your choice. The check must be made payable to the enrolled organization. Note: A congregation is not an eligible recipient for this program. List only one donor and one organization per form. Your unique secure identifier is required for the gift to be processed.

## Donor Information

**First five characters of last name**

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**First and last name**

**Address**

**City** **State** **Zip**

**Home phone number**

**Note:**  
 Your unique secure ID consists of the first 5 letters of your last name and the last 4 digits of your social security number.

Use black ink.  
 Use block letters  
 (e.g. A, B, C).

**Last four digits of your social security number**

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0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

## Gift Information

**Date of Gift (Month)**

Jan.     May     Sep.  
 Feb.     Jun.     Oct.  
 Mar.     Jul.     Nov.  
 Apr.     Aug.     Dec.

**Date of Gift (Year)**

2	0		
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0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

**Amount of individual gift**

\$

					0	0
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0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

**Volunteer hour information**

Mark this oval if you have contributed 25 or more hours of volunteer service to this organization during the current calendar year.

**Name of institution or organization receiving gift**

Orphan Grain Train, Inc.

**City**

Norfolk

**State**

Nebraska

I certify that I am an individual 16 years of age or older who is either a benefit member of Thrivent Financial for Lutherans, or who owns a Thrivent Mutual Funds account and/or Thrivent Life Insurance Company product. I am making this gift under the guidelines of the GivingPlus program. I understand this program is not a guaranteed contractual benefit. I understand the budget for this program is established annually and therefore all eligible gifts may not be supplemented. Finally, I understand that contributions by Thrivent Financial for Lutherans, Thrivent Asset Management and Thrivent Life Insurance Company are subject to the guidelines of the GivingPlus® Program.

**Signature of member**

## For Use by Recipient Organization

I certify that the stated gift has been received and satisfies the requirements of the Thrivent Financial GivingPlus® Program.

**Signature of program coordinator**

**Thrivent Financial for Lutherans Organization ID**

5	0	2	7	3	9	6	8	2
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