

gracelutheran-springfield.org 217.522.3965
714 E Capitol Ave, Springfield, IL 62701



Grace Fully Giving!

STEWARDSHIP APPEAL 2024



AVERAGE WEEKLY GIVING IN 2023 AND WEEKLY GIVING HOPED FOR IN 2024

Average Weekly Gift	# of Givers Currently	# of Givers Hoped For
\$500+	7	8
\$400-499	5	6
\$300-399	3	3
250-299	3	4
200-249	5	6
150-199	9	8
125-149	7	8
100-124	7	8
90-99	3	4
80-89	2	3
70-79	6	6
60-69	3	4
50-59	4	5
40-49	6	6
30-39	4	5
20-29	2	3
10-19	5	6
5-9	5	6
< \$5	8	2

CALCULATING YOUR GIFT

The following is helpful in calculating weekly or monthly giving to Grace Lutheran Church for a 12-month commitment.

PER WEEK	PER MONTH	TOTAL
\$2	\$9	\$104
\$5	\$22	\$260
\$10	\$44	\$520
\$15	\$65	\$780
\$20	\$87	\$1,040
\$30	\$130	\$1,560
\$40	\$174	\$2,080
\$50	\$217	\$2,600
\$75	\$325	\$3,900
\$100	\$434	\$5,200
\$200	\$867	\$10,400
\$300	\$1,300	\$15,600
\$350	\$1,517	\$18,200

In response to God’s grace and love in Christ Jesus and in appreciation of Grace Lutheran Church’s ministry, I/we intend to give this offering during 2024 in support of the congregation’s ongoing ministry. I/we understand this amount may be changed if necessary. I/we will notify the church office.

Amount to be given: \$ _____ weekly **OR** \$ _____ monthly **OR** \$ _____ annual total

This offering will begin on January 1, 2024 **OR** _____(date)

I/we would like to use the convenience of electronic banking to give this offering. Yes **OR** No thanks

If Yes, please send me the Automatic Giving Enrollment **OR** Enclosed is a voided blank check

I have **OR** I am interested in including Grace Lutheran Church in my estate plans.

Name: _____

Preferred e-mail address: _____

Preferred Phone: _____

Signature: _____