

So let us not grow weary in doing what is right, for we will reap at harvest time, if we do not give up. *Galatians* 6:9



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STEWARDSHIP JOURNEY

Stewardship: Supporting the Ministries

Annual Income		Suggested % of Income	Monthly Gift		Annual Gift	Suggested % of Income	of Gift		Annual Gift		Suggested % of Income	Monthly Gift		Annual Gift	Suggested % of Income	Monthly Gift		Annual Gift	
\$	10,000	2	\$ 16	\$	200	3	\$	25	\$	300	5	\$	42	\$ 500	10	\$	83	\$	1,000
\$	25,000	2	\$ 42	\$	500	3	\$	63	\$	750	5	\$	104	\$ 1,250	10	\$	208	\$	2,500
\$	50,000	3	\$ 125	\$	1,500	4	\$	167	\$	2,000	5	\$	208	\$ 2,500	10	\$	417	\$	5,000
\$	75,000	3	\$ 188	\$	2,250	4.5	\$	281	\$	3,375	6	\$	375	\$ 4,500	10	\$	625	\$	7,500
\$	100,000	3.5	\$ 292	\$	3,500	5	\$	417	\$	5,000	6.5	\$	542	\$ 6,500	10	\$	833	\$	10,000
\$	150,000	3.5	\$ 438	\$	5,250	5	\$	625	\$	7,500	6.5	\$	813	\$ 9,750	10	\$	1,250	\$	15,000
\$	200,000	4	\$ 667	\$	8,000	5.5	\$	917	\$	11,000	7	\$	1,167	\$ 14,000	10	\$	1,667	\$	20,000
\$	300,000	5	\$ 1,250	\$	15,000	6	\$	1,500	\$	18,000	8	\$	2,000	\$ 24,000	10	\$	2,500	\$	30,000
\$	400,000	6	\$ 2,000	\$	24,000	7	\$	2,333	\$	28,000	8.5	\$	2,833	\$ 34,000	10	\$	3,333	\$	40,000
\$	500,000	7	\$ 2,917	\$	35,000	8	\$	3,333	\$	40,000	9	\$	3,750	\$ 45,000	10	\$	4,167	\$	50,000

Good Shepherd Lutheran Church Intent Form Fiscal Year 2026-27 (July 1, 2026—June 30, 2027)

Fiscal Year 2026-27 (July 1, 2026—June	e 30, 2027)
My prayerful giving	•
I / We will share in God's work at Good Shepherd and support the m	inistries of the church with an
offering of: \$ starting on (date):	
□ Weekly □ Every 2 weeks □ 1/2 Month (two times a month	
□ Monthly □ Quarterly □ Annually	,
- Monany - Quartony - 7 minuting	
I / We will fulfill this pledge using Simply Giving: (checking/savings)	
□ New* □ Continuing □ Updated Amount*	
- Now - Continuing - Opaciou / Infoant	
I / We will fulfill this pledge using Vanco Mobile Giving: (credit/debit of	card)
□ New □ Continuing	oara)
□ I have or intend to name GSLC Mission Endowment Fund as a b	eneficiary in my will
life insurance policy, annuity, retirement assets, or charitable	
Name:	
Signature(s):	
Address:	
City / State / Zip:	
•	ate:
	rn on or by November 9, 2025
*Requires completion of the Simply Giving Authorization Form.	•