

**Light of the World Evangelization Ministries
Commitment Card—Automatic Payment from Checking/Savings**

Name: _____

Address: _____

City/State/Zip: _____

E-Mail: _____

Parish Name: _____

Amount to be tithed each month: \$ _____

Date that tithe is to be debited (choose one): ___ The 10th of every month ___ The 20th of every month

Please note: The amount of your tithe will be debited from your account monthly. You may change the amount or cancel your tithe at any time by contacting us.

Please direct any questions to: funding@lotwem.org.

**Please attach a voided personal
check to this Commitment Card
and mail to:**

**LOTWEM
1643 N. Alpine
Suite 104 PMB 173
Rockford, IL 61107**