



# Yes, I want to make a gift!

Contact Name(s) \_\_\_\_\_

Acknowledgment Name *(as will appear in print)* \_\_\_\_\_

Mailing Address \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

I want to give to the “Lasting Change Campaign” in the amount of \$ \_\_\_\_\_

Fulfill my one-time gift in installments of \$ \_\_\_\_\_ /month/quarter/other

Please designate my Lasting Change Campaign gift to the Results Innovation Lab

I want to support the “Neighbor-to-Neighbor” Annual Fund in the amount of \$ \_\_\_\_\_

Fulfill my one-time gift in installments of \$ \_\_\_\_\_ /month/quarter/other

Please use my gift in the amount of \$ \_\_\_\_\_ where it is needed most.

Fulfill my one-time gift in installments of \$ \_\_\_\_\_ /month/quarter/other

**Please indicate below how you wish to fulfill your gift:**

A check is enclosed *(make checks payable to Lutheran Services in America)*

Charge my credit card:  Discover  Visa  Mastercard

Account Number \_\_\_\_\_

Name *(as it appears on card)* \_\_\_\_\_

Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_ Signature \_\_\_\_\_

**Tell us about your gift:**

I would like to make an anonymous gift

I request acknowledgment sent to:

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

**I would like to make this gift:**

In memory of  In honor of  In celebration of

Name of person to be remembered, honored or celebrated: \_\_\_\_\_

*Thank you for your gift! Together, we're achieving a healthier, more equitable future for people and families in our country.*

If you have questions, please contact Deborah Hoesly at [dhoesly@lutheranservices.org](mailto:dhoesly@lutheranservices.org) or 202.499.5836

*Gifts to Lutheran Services in America are tax deductible to the fullest extent of the law.*