

Contact Name(s)					
Acknowledgment N	ame				
		(as will appear in	print)		
Street Address					
City					
Email					
			_1110110		
l want to make a	One-time gift of \$			-	
	Monthly gif	t of \$		_	
Use my gift	where it's most needed. to support the Caring Communities Action Fund. to support the Neighbor-to-Neighbor Annual Fund.				
I want to make this	gift by				
Enclosed check p	payable to Luth	neran Services i	n America.		
Charge my credit	card: Visa	MasterCard	Discover	Amex Card	
Number		Exp. Dat	.e Se	ecurity Code	
Name (as it appe	ars on credit c	ard)			
Signature					
Credit Card Billin	g Address	Same as ab	ove		
About my gift:					
I want my gift to	be anonymo	us gift.			
I would like to make this gift: in memory of in honor of					
Name of perso	n:				
Please send no	otification to: (I	No gift amount	will be include	ed.)	

Payments & Gifts Address: P.O. Box 69649 | Baltimore, MD 21264 Phone: 202-499-5831 | E-mail: dwarrell@lutheranservices.org | lutheranservices.org