



Please print and mail this form along with your gift!

Thank you!

Yes! I would like to make a donation to Lutheran Family & Children's Services Foundation. Please use my donation to help further the mission of LFCS — helping women, children and families right here in my community!

\_\_\_\_\_ I am enclosing a check made payable to LFCS Foundation in the amount of \$\_\_\_\_\_.

\_\_\_\_\_ Please charge my contribution of \$\_\_\_\_\_ to my \_\_\_ Visa \_\_\_ MasterCard

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

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Tribute & Memorial Gifts:**

I would like to make a gift in \_\_\_\_\_ honor \_\_\_\_\_ memory of

Name \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Please send a gift acknowledgement to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_