



Date _____ 20 _____

Yes! I want to help Lutheran Social Service continue to inspire hope, change lives and build community with my gift of: \$ _____

I prefer that my donation be used to help:

- Where the need is greatest**
- Services for Youth and Families**
- Services for Older Adults**
- Services for People with Disabilities**

- I have included my employer's gift match form.
- I am a Thrivent Financial member.
- Please send me information about making an estate gift to Lutheran Social Service of Minnesota.

Please make your check payable to **Lutheran Social Service of Minnesota.**

You may mail or fax to:

Lutheran Social Service of Minnesota
2485 Como Avenue
St. Paul, MN 55108

Fax 651.969.2360

Your gift is tax-deductible as allowed by law.

Your gift changes lives!

CREDIT CARD: Visa Mastercard Discover

I would like to make a *one-time* gift of \$ _____

I would like to make a *monthly* gift of \$ _____

I would like to make the monthly commitment as follows:

TFN (Till Further Notice) commitment. This is *ongoing support*, and will remain in effect until I authorize LSS to discontinue it.

This is a *monthly commitment* that will be effective through

Date: _____ 20 _____.

Card # _____

Expiration Date ____/____/____ Required CSC## ____/____/____
(3 digit security code on back of card)

Name on Card _____

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Lutheran Social Service of Minnesota • 2485 Como Avenue • St. Paul • MN 55108 • 651.642.5990 • www.lssmn.org

The services of Lutheran Social Service of Minnesota are available to all people, regardless of race, color, creed, religion, national origin, sex, sexual orientation, disability or age.