



LUTHERAN SERVICES
FOR THE AGING

LUTHERAN SERVICES FOR THE AGING GIFT FORM

Donor name(s): _____

Street address: _____

City, State, Zip: _____

Telephone: _____ E-mail: _____

Congregation (optional): _____

Gift amount: \$ _____

Gift type

- My check is enclosed.
 Please charge my MasterCard/Visa (circle one).

Card number: _____ Exp. date: _____

Donor signature(s): _____ Date: _____

Gift purpose

- Please use my gift wherever it is needed most.
 Please use my gift for _____

Tribute gifts may be made in honor or memory of someone special.

This gift is in honor or memory (circle one) of: _____

Please send acknowledgement card to (name and address): _____

Codicil Club

The Codicil Club recognizes living individuals who have remembered Lutheran Services for the Aging or one of its affiliate ministries in a will, life insurance policy, or other estate planning vehicle.

I have included would consider including Lutheran Services for the Aging in my long-range estate plans.

Your gift to support Lutheran Services for the Aging is tax deductible as provided by law. Please return this form to Lutheran Services for the Aging, P.O. Box 947, Salisbury, NC 28145.