



LUTHERAN SERVICES  
FOR THE AGING

## LUTHERAN SERVICES FOR THE AGING GIFT FORM

Donor name(s): \_\_\_\_\_

Street address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Congregation: \_\_\_\_\_

Gift amount: \$ \_\_\_\_\_

### Gift type

My check is enclosed.

### Gift purpose

Keeping the Promise

Annual Fund (unrestricted)

Other established fund or endowment \_\_\_\_\_ (See website listing at [www.lsancc.net/fundsinitiatives.asp](http://www.lsancc.net/fundsinitiatives.asp))

*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.*