



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  
SDS 12-2054  
PO Box 86  
Minneapolis, MN 55486-2054

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.