



LSS serves one out of every 50 people in Minnesota.

Last year, LSS offered hope for more than 15,000 vulnerable youth.



In 2006, LSS provided more than 625,000 hot, nutritious meals to senior citizens.



Thank you for your support of Lutheran Social Service of Minnesota. I am grateful for your gift and desire to partner with LSS in fulfilling our vision that all people live and work in community with **dignity, safety and, most importantly, hope.**

We fulfill this vision by providing the following services:

- Adoption
- Financial Counseling
- Disaster Relief
- Guardianship
- Housing
- Mental Health Counseling
- Refugee Services
- Services for People with Disabilities
- Services for Seniors
- Services for Youth

Your gift will help support more than 100,000 individuals throughout the state.

Please remit this form with your contribution to:

**Lutheran Social Service of Minnesota
Attn: Development
2485 Como Ave.
St. Paul, MN 55108**

Again, thank you for partnering with Lutheran Social Service.

Sincerely,


Mark Peterson
President & CEO

YES, I WANT TO HELP RESTORE HOPE FOR THOSE IN NEED!



Please find enclosed, my gift of _____.
I prefer that my donation be used to help:



- _____ Where the need is greatest
- _____ Services for Youth
- _____ Services for Seniors
- _____ 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 MN.

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'd 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.
- This is a monthly commitment that will be effective through Dec. 2007

Card No.: _____

Exp. Date: _____ (mm-yy) CSC #: _____ (3 Digit Code in signature box on the back of your card.)

Name on Card: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____