



Lutheran Child and Family Services of Illinois

Donation Form

Please return the completed form to Lutheran Child and Family Services of Illinois, Attn: Development Dept., 7620 Madison Street, River Forest, IL 60305 or fax it to 708-416-2069. Thank you.

Name(s) Company (if applicable)

Address City State ZIP

Phone Email

Date of birth (optional) Church affiliation/membership (optional)

I want to provide a gift to LCFS by:

- Check made payable to LCFS
 Credit Card in the amount of \$ _____ Visa MasterCard Discover Amex

Name as it appears on card Card number Expiration date

Signature

I want to provide sustaining support with an automatic gift using the provided credit card.

- Monthly Quarterly Annually

Designate this gift for:

- LCFS Programs and Services: wherever it is needed most
 A specific program or location (please specify) _____

This gift is:

- in memory of _____
 in honor of _____
 in celebration of _____

Please send an acknowledgement of my gift in honor/celebration to:

Name(s) Address City State ZIP

Please let us know:

- My gift qualifies for a matching gift from my company. _____
 I am a member of Thrivent Financial
 I have included LCFS in my will.
 I would like more information on including LCFS in my will.