



Enclosed is my gift to Genacross Lutheran Services Foundation

Name _____

Address _____ City _____ State ____ Zip _____

Telephone (_____) _____ Email _____

Gift is in Honor of: _____ Gift is in Memory of: _____

Amount of gift _____ Please make checks payable to: *Genacross Lutheran Services Foundation*

Memorial or Honorarium Acknowledgement to: Name _____

Address _____

Credit Card Donations: VISA MC Discover Acct Number _____

Signature _____

I designate my gift for:

____ Charitable Care Annual Fund

____ Spiritual Care Fund

____ Napoleon Campus

____ Family & Youth Services

____ Wolf Creek Campus

____ Housing & Community Services

____ Sandusky Campus

____ Where Most Needed (Board determines)

____ Toledo Campus

____ *I have named Genacross Lutheran Services in my will.*

Check box if you are a Thrivent Financial member.

Check box if you would like to learn more about making a planned gift.

Please send me information about a gift that pays me income for life!

For additional information, please call 419-861-4965 or see list and descriptions on the Foundation page:
www.GenacrossLutheranServices.org/Foundation.

Mail to: Genacross Lutheran Services Foundation
2021 N. McCord Road
Toledo, Ohio 43615

ALL DONATIONS TO GENACROSS LUTHERAN SERVICES FOUNDATION ARE TAX-DEDUCTIBLE TO THE EXTENT ALLOWED BY CURRENT LAW. THANK YOU FOR YOUR SUPPORT.