



**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

\_\_\_\_ Toledo Campus

\_\_\_\_ Housing & Community Services

\_\_\_\_ Wolf Creek Campus

\_\_\_\_ Where Most Needed (Board determines)

\_\_\_\_ Genacross at Home (Home Health)

\_\_\_\_ 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](http://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.**