



Enclosed is my gift to Genacross Lutheran Services Foundation

Name _____

Address _____ City _____ State _____ Zip _____

Telephone (_____) _____ Email _____

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

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

Memorial or Honorarium Acknowledgement to:

Name _____

Address _____ City _____ State _____ Zip _____

Credit Card Donations: Acct. # _____ Exp Date _____ CVC _____

Name on card _____ Signature _____

I designate my gift for:

_____ Charitable Care Annual Fund

_____ Spiritual Care Fund

_____ Napoleon Campus

_____ Family & Youth Services

_____ Home & Community Based Services

_____ Wolf Creek Campus

_____ Genacross at Home (home health)

_____ Where Most Needed (Board determines)

Check this box if you are a Thrivent member.

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

Check this box if you have named Genacross Lutheran Services in your Will.

For more information about Foundation funds or planned giving, email MiGeorge@Genacross.org or call 419.861.4964.

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.**