



Please return the completed form to Lutheran Child and Family Services of Illinois, Attn: Development Dept., One Oakbrook Terrace, Suite 501, Oakbrook Terrace, IL 60181 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.