



Strengthening Families
Educating At-Risk Youth
Providing Hope

Gift Coupon

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home (or preferred) phone: _____ E-mail: _____

Home church: _____

Enclosed is my gift of: \$1,000 \$500 \$250 Other: \$ _____

**Please make checks payable to:
The Foundation for Lutheran Child and Family Services, Indiana, Inc.
- OR -**

Provide the following credit card information

Visa MasterCard Card number: _____ - _____ - _____ - _____

Name on card: _____

Expiration date: _____ Three-digit security code on reverse: _____

Signature: _____

(required for credit card use only)

Please direct my gift to where the need is greatest

- OR -

Please direct my gift to:

- | | | |
|--|---|---|
| <input type="checkbox"/> Lutherwood | <input type="checkbox"/> Mentoring | <input type="checkbox"/> Adoption / Foster Care |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> Endowment | <input type="checkbox"/> The Sharing Place |
| <input type="checkbox"/> Family Preservation | <input type="checkbox"/> Spiritual Growth | <input type="checkbox"/> Huxhold Memorial Fund |

In honor of: _____

In memory of: _____

Please send memorial/observance card to:

Name: _____

Address: _____

**Please mail completed coupon with your gift to:
The Foundation for Lutheran Child and Family Services, Indiana, Inc.
Attn: Christina Schelle
1525 N. Ritter Avenue
Indianapolis, IN 46219**

Questions? Please call 317.359.5467 ext. 361