



Lutheran Services Of Georgia

Yes! I want to bring hope, healing, and strength to people in need.

Kindly print this page, complete the form and mail it to:

Lutheran Services of Georgia
1330 West Peachtree St. Suite 300
Atlanta, Georgia 30309

Thank you for your generosity.

Name: _____ Address: _____
City, St. Zip _____ Phone: _____
E-mail: _____ Congregation: _____

Preferred method of payment

- I am enclosing a check in the amount of \$_____.
- I would like you to bill my ___ Visa or ___ Master Card in the amount of \$_____.
- I wish to pledge \$_____ to be paid by _____ (date.)
Reminders will be sent for pledges.

Credit Card Information

Name on card: _____
Account Number: _____ Expiration Date: _____

Other Options

Check one:

- Use my gift where needed most
 Apply my gift to the following program _____

This gift is in honor/memory of: _____

Please send an acknowledgement card to:

Name: _____
Address: _____ City/State/Zip: _____

I prefer that my gift be listed as anonymous.

We thank you, again, for your most generous contribution.