



Lutheran Social Services of Illinois

1001 E Touhy Avenue, Suite 50 Des Plaines, IL 60018 • P: 847/635-4600 • F: 847/635-6764 • LSSI.org

DONOR GIVING FORM

Mr. Mrs. Ms. Other title: _____

Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone: _____ E-mail address: _____

Church affiliation (optional): _____

My employer has a matching gift program. Name of firm _____

Enclosed is my/our gift of \$ _____

My/our gift is designated to:

- | | |
|--|---|
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> Senior Services |
| <input type="checkbox"/> Children's Community Services | <input type="checkbox"/> Prisoner and Family Ministry |
| <input type="checkbox"/> Area of Greatest Need | |

This gift is:

in memory of _____

in honor of _____

in celebration of _____

Please send an acknowledgement of my gift to:

Name: _____

Spouse's Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contributions are tax-deductible as allowed by law