

LUTHERAN LEGACY FOUNDATION<sup>INC.</sup>

Deposit For:  
**The Luke Clinic Endowment Fund**  
**Account 12830**

Deposit Amount: \$ \_\_\_\_\_.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Check payable to:* Lutheran Legacy Foundation, Inc.

*Send to:* Lutheran Legacy Foundation, P.O. Box 31, Paris, IL 61944

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**CONTRIBUTOR**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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Phone: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

Comments: \_\_\_\_\_

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\_\_\_\_\_

Print this form. Fill it out. Mail it with your check to Lutheran Legacy Foundation.

THANK YOU FOR YOUR DONATION