

LUTHERAN LEGACY FOUNDATION^{INC.}

Deposit For:
LHSAGM Tuition Assistance Fund
Account 12355

Deposit Amount: \$ _____.

Date ____ / ____ / ____

Check payable to: Lutheran Legacy Foundation, Inc.

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

CONTRIBUTOR

Name: _____

Address: _____

Phone: _____ - _____ - _____

Email: _____

Comments: _____

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

THANK YOU FOR YOUR DONATION