

LUTHERAN LEGACY FOUNDATION^{INC.}

Deposit For:
The CLHS Legacy Endowment Fund
Account 3500

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: _____

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Email: _____

Comments: _____

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

THANK YOU FOR YOUR DONATION