



Lutheran Social Services of Montana

Thank you for taking the time to fill out this Gift Form. Please print and send completed form to: Lutheran Social Services of Montana
PO Box 1345
Great Falls, MT 59403
406-761-4341

Personal Information

Name _____
Address _____
City _____
State _____ Zip _____ Phone # _____ E-Mail _____

Donation Information

Gift Amount ___\$1,000 ___\$500 ___\$250 ___\$100 ___\$50 ___\$25 Other _____
This gift is in honor of _____
This gift is in memory of _____
Please acknowledge: Name _____
Address _____
City _____ State _____ Zip _____

Payment Information

Please make your check payable to Lutheran Social Services of MT, or complete the information below for Credit Card payment.

___ Visa ___ MasterCard ___ American Express
Card # _____ Expiration Date _____
Signature _____

Estate Planning

___ I would like to receive information on estate planning
___ I have provided for LSS-MT in my will

Lutheran Social Services of Montana is exempt under Section 501(c)(3) of the Internal Revenue Code, making this gift tax deductible.