

**GIFT FORM** *for gifts to existing funds of the Foundation*

**FIRST DONOR** *(if applicable)*

**FULL NAME**     Mr.    Ms.    Mrs.    Miss

\_\_\_\_\_

**DATE OF BIRTH**    \_\_\_/\_\_\_/\_\_\_

**RELIGIOUS AFFILIATION** *(optional)*

Lutheran:    ELCA    LCMS    WELS    Other \_\_\_\_\_

Other \_\_\_\_\_

**PRIMARY ADDRESS**

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business phone \_\_\_\_\_

Home phone \_\_\_\_\_

Fax number *(optional)* \_\_\_\_\_

Email address *(optional)* \_\_\_\_\_

**SECOND DONOR** *(if applicable)*

**FULL NAME**     Mr.    Ms.    Mrs.    Miss

\_\_\_\_\_

**DATE OF BIRTH**    \_\_\_/\_\_\_/\_\_\_

**RELIGIOUS AFFILIATION** *(optional)*

Lutheran:    ELCA    LCMS    WELS    Other \_\_\_\_\_

Other \_\_\_\_\_

**SECOND DONOR'S PRIMARY ADDRESS** *(if different)*

Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Business phone \_\_\_\_\_

Home phone \_\_\_\_\_

Fax number *(optional)* \_\_\_\_\_

Email address  
*(optional)* \_\_\_\_\_

**FIRST AND SECOND DONORS' RELATIONSHIP**

*(spouse, child, friend, etc)*

\_\_\_\_\_

**ALTERNATE ADDRESS** *(if applicable)*

Street \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

Fax number *(optional)* \_\_\_\_\_ Email address *(optional)* \_\_\_\_\_

Dates for alternate address: From \_\_\_\_\_ To \_\_\_\_\_

**GIFT DESIGNATION**

Please indicate the LCF Fund to which you wish to allocate your gift. The Foundation maintains the following charitable funds, each with its own purposes and guidelines.

Existing Charitable Fund: Fund Name \_\_\_\_\_

LCF Community Fund

LCF Field of Interest Fund

Disaster Response

Education

ELCA and related organizations

Health Services

Human Services

LCMS and related organizations

Scholarship

WELS and related organizations

