



**Enclosed is my gift to Genacross Lutheran Services Foundation**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Amount of gift \_\_\_\_\_ Please make checks payable to: **Genacross Lutheran Services Foundation**

Gift is in Honor of: \_\_\_\_\_ Gift is in Memory of: \_\_\_\_\_

Memorial or Honorarium Acknowledgement to: Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Donations: AMEX VISA MC Discover Acct. # \_\_\_\_\_

Signature \_\_\_\_\_ Name on card \_\_\_\_\_

I designate my gift for:

\_\_\_\_\_ Charitable Care Annual Fund

\_\_\_\_\_ Spiritual Care Fund

\_\_\_\_\_ Napoleon Campus

\_\_\_\_\_ Family & Youth Services

\_\_\_\_\_ Home & Community Based Services

\_\_\_\_\_ Wolf Creek Campus

\_\_\_\_\_ Genacross at Home (home health)

\_\_\_\_\_ Where Most Needed (Board determines)

Check this box if you are a Thrivent member.

Check this box if you would like to learn more about making a planned gift.

Check this box if you have named Genacross Lutheran Services in your Will.

For more information about Foundation funds or planned giving, email [MiGeorge@Genacross.org](mailto:MiGeorge@Genacross.org) or call 419.861.4964.

Mail to: Genacross Lutheran Services Foundation  
2021 N. McCord Road  
Toledo, Ohio 43615

All donations to Genacross Lutheran Services Foundation are tax-deductible to the extent allowed by current law. **Thank you for your support.**