



Yes, President Davis, I would like to support the A2E Summer Camp Ministry!

Enclosed is my tax deductible gift of \$55 x _____ (# of sponsored children) = \$ _____ Other _____

Name _____ Phone Number _____

Address _____ Email _____

City _____ State _____ Zip _____ Congregation/City _____

Please make checks payable to Michigan District, LCMS or provide credit card information below. Return completed form and check (if applicable) in the enclosed envelope.

Credit Card Number _____ Expiration Date _____
(MasterCard, Visa, Discover, American Express, Diners Club)

Billing Address (if different from above) _____

Cardholder's Name (as it appears on the card) _____

Signature _____ Date _____

By signing this form, the card holder is authorizing the Michigan District, LCMS to debit their card.

Return to: Attn: Development Department
Michigan District, LCMS
3773 Geddes Road
Ann Arbor, MI 48105