Enclosed is my tax deductible g					25 □ Other	
Name			Phone Number			
Address						
City	State Zip		Congregation/City			
I would like my gift to support:	vould like my gift to support: Greatest Need (Unrestricted)					
☐ Lutheran Education☐ Mission & Ministry☐ General Endowment	☐ Conference & Training Supp☐ Leadership Development☐ Church Worker Care			□ Professional Church Worker Scholarships□ A2E Support□ Other		
☐ I'm considering including the To explore additional ways to		-			e/ways-to-give.	
My 2024 Spring Appeal Gift						
Please make checks payable to Return completed form and che	•	•			below.	
Credit Card Number(MasterCard, V		Expiration Date				
Billing Address (if different from fro	ont)				Detuge to	
Cardholder's Name (as it appears			Return to: Attn: Development Department Michigan District, LCMS 3773 Geddes Road			
Signature Date				 	Ann Arbor, MI 48105	

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