

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone _____

Enclosed is my tax-deductible gift of:

\$ _____ Luther Fund

\$ _____ Other (please specify): _____

In honor of _____

In memory of _____

Check enclosed (made payable to "Luther College")

Please charge my/our card:

Discover MasterCard Visa AmEx

Name on card _____

Card # _____

Exp. ____/____ Security Code _____

Signature _____

*Luther College Development Office
giving@luther.edu, 800.225.8664*



Monthly Giving Program

I hereby authorize my bank or credit card company to charge my account \$ _____ each month

beginning _____/_____/_____ and ending _____/_____/_____ OR continuing until further notice

MONTH YEAR MONTH YEAR

Signature _____ Date _____

Please transfer my gift from my **credit card**

Discover MasterCard Visa AmEx

Name on card _____

Card # _____

Exp. ____/____ Security Code _____

Please transfer my gift from my **checking account**

Please enclose a voided check or a check for the first payment which will be used to initiate the transfer.