

GIFT SUBMISSION



Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ circle one HOME or CELL

Email: _____

Please accept my gift to Rockford Lutheran School of:

- | | | | |
|-------------------------------|--------------------------------------|------------------------|--|
| <input type="radio"/> \$2,500 | <input type="radio"/> \$250 | To be used for: | |
| <input type="radio"/> \$1,000 | <input type="radio"/> \$100 | | <input type="checkbox"/> As Needed Most |
| <input type="radio"/> \$500 | <input type="radio"/> Other \$ _____ | | <input type="checkbox"/> Tuition Assistance |
| | | | <input type="checkbox"/> Teacher Enhancement |
- My Company _____ will match my gift. (Please let us know if we need to assist.)

Payment Method:

- CHECK (Make payable to Rockford Lutheran School)
- Please contact me about paying my pledge with stock or IRA rollover
- Please contact me with how to make a planned/estate gift
- Charge my Credit Card:

Name on Card: _____

Billing Address: _____ Zip: _____

Card Number: _____ Exp: _____

Signature: _____

Return by Mail to:

Rockford Lutheran School
ATTN: Advancement
3411 N. Alpine Road
Rockford, IL 61114



THANK YOU! Your gift will be tax deductible