



Faith Lutheran Church Memorial Fund Designation

Donor's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-Mail: _____

Gift Given in Memory/Honor of: _____

Please direct my gift to the following area(s):

- | | |
|--|---|
| <input type="checkbox"/> General Memorial Fund | <input type="checkbox"/> Baptismal Quilt Fund |
| <input type="checkbox"/> Campership Fund | <input type="checkbox"/> Music Fund |
| <input type="checkbox"/> Library Fund | <input type="checkbox"/> Bell Choir Fund |
| <input type="checkbox"/> Quilter's Fund | |

Donation Amount: _____

- Please send me a designation receipt.
 A designation receipt is not needed.

If you desire to speak personally with Pastor Jim about your designation, please contact him at 920-775-9411.

Please mail checks to: Faith Lutheran Church
255 Roosevelt Street
P.O. Box 369
Valders, WI 54245