2010 Employee Annual Giving Form
Lutheran Social Services of North Dakota

Yes, I want to contribute.

Please complete this form and return it to:
Lisa Richmond, Annual Giving Officer
Fargo Program Office, 1325 11th Street S., Fargo, ND 58103

Name:_____

Home Address: _____

City:_____ State:_____ Zip:_____

If you are already giving through payroll deduction, thank you! We will continue your present giving unless you inform us of a change. Your annual gift is tax-deductible less fair market value of any premium gifts, as indicated.

Giving methods

☐ **One time gift of $_____**

☐ Check ☐ Visa ☐ Mastercard

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiration date: ☐☐/☐☐

Signature _____ Phone: _____
(Required for processing) (Required for processing)

OR

☐ **Payroll deduction**

Please deduct a gift of $_____ monthly from my payroll check, beginning in _____
(month)
and continuing until you receive notice from me.

I authorize the deductions and charges as stated above. Payroll deductions will begin when indicated and continue unless I inform the Payroll Office of a change.

Signature _____ Date_____
(Required for processing) (Required for processing)

Premiums

☐ I choose not to receive my gifts. Please use 100% of my donation where it is needed most.

☐ I would like to receive my gift(s).

My clothing size is: Mens: XS S M L XL 2XL 3XL 4XL

Womens: XS (size 2) sS (Size 4/6) M (size 8/10) L (size 12/14) XL (size 16/18)

XXL (Size 20/22) Plus 1X (Size22/24) Plus 2X (Size 26/28)