



LSC MONETARY DONATION FORM for Women of the ELCA

DONOR INFORMATION (to be completed by donor -please print)

Donor Name: _____

Address: _____

City: _____

Phone: _____

E-mail: _____

State: _____ Zip Code: _____

Congregation Name/City: _____

GIFT INFORMATION

Date Received: _____

Amount of Donation: \$_____ (for in-kind gifts, value determined by donor; if applicable, make checks payable to LSC)

Please indicate where your gift should be applied (check one):

___ LSC (wherever needed most) ___ Child & Family Services ___ Senior Services

Description of In-Kind Gifts (please be as specific as possible):

(Please note that current tax laws allow LSC to issue charitable gift receipts only for tangible items such as clothing, furniture, food, etc. donated to a program. LSC cannot issue charitable gift receipts for volunteer hours, mileage, or items donated to a specific client.)