

# Give to Luther College

[givenow.luther.edu](http://givenow.luther.edu)

See below for monthly giving options.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**Enclosed is my tax-deductible gift of:**

\$ \_\_\_\_\_ Luther College Annual Fund  
\$ \_\_\_\_\_ Other (please specify) \_\_\_\_\_  
in honor of \_\_\_\_\_  
in memory of \_\_\_\_\_

**Credit Card:**  Discover  MasterCard  Visa  AmEX

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_/\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

My employer or my spouse's employer, \_\_\_\_\_, will match my/our contribution. A form is enclosed. (You may check your employer matching program at [giving.luther.edu](http://giving.luther.edu))

*All donors are recognized in Luther's giving reports. If you choose to remain anonymous, please contact the Development Office at 800.225.8664*

**LUTHER  
COLLEGE**

## Monthly Giving Program

## ENROLLMENT FORM

See reverse side for annual giving options.

Please transfer my monthly gift of \_\_\_\_\_

From my **checking account**

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

From my **credit card**

**credit card:**  Discover  MasterCard  Visa  AmEX

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_/\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

I hereby authorize my bank or credit card company to charge my account each month beginning \_\_\_\_\_/\_\_\_\_ and

ending \_\_\_\_\_/\_\_\_\_  continuing until further notice

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



### INVESTING IN THE LIVES OF STUDENTS

Development Office Luther College 700 College Drive Decorah, Iowa 52101-1045 800.225.8664 P 563.387.1322 F [www.luther.edu](http://www.luther.edu)