

Education Partners In Covenant (EPIC) Contribution Form

Name of Congrega									
Mailing Address:									
Phone:	()		Fax: _						
Contact Person:			Email:						
This form is to be	completed annual	ly, or when	never a church	n is supportin	ng its s	tudent	s atten	ding Lu	ther.
Both the yearly conserved the semesters. Althour september 1 for factanding. Funds do to Luther College is receive the Match	gh we accept fund all semester, and a o not need to be n order for the st	ds at any tir January 1 f included w	me prior to th or spring sem ith this form,	e end of the ester will ma but must co i	acade aintair me di	emic ye the st rectly f	ar, pay udent's rom th	ment re accou e churc	eceived Int in go Int Payak
Please tell us the a	cademic year this	financial s	upport is desi	gnated for: _					
	•						for Full		
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