Give to Luther College

givenow.luther.edu

Name(s) _____

Address _____

City _____ State _____ Zip _____

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Enclosed is my tax-deductible gift of:

$_____ Luther Fund

$_____ Other (please specify): _____

In honor of_____

In memory of_____

☐ Check enclosed (made payable to "Luther College")

☐ Please charge my/our card:

☐ Discover ☐ MasterCard ☐ Visa ☐ AmEx

Name on card _____

Card # _____

Exp. _____/_____ Security Code _____

Signature _____

Luther College Advancement Office
giving@luther.edu, 563.387.1862

LUTHER COLLEGE

Monthly Giving Program

I hereby authorize my bank or credit card company to charge my account $_____ each month

beginning _____/_____ and ☐ ending _____/_____ OR ☐ continuing until further notice
MONTH YEAR MONTH YEAR

Signature _____Date _____

☐ Please transfer my gift from my **credit card**

☐ Discover ☐ MasterCard ☐ Visa ☐ AmEx

Name on card _____

Card # _____

Exp. _____/_____ Security Code _____