

# DESSERT FIRST

## St John Lutheran Church



### Donor Information (please print or type)

Name	
Street address	
City	
State	
ZIP Code	
Telephone (home)	
Telephone (mobile)	
E-Mail	

Preferred methods of contact:  Regular mail  E-mail  Phone  Mobile Phone

### Estimate of Giving Information

I (we) intend to share a total of \$\_\_\_\_\_ per week or  
\$\_\_\_\_\_ per month  
Allocated to \$\_\_\_\_\_ Current  
\$\_\_\_\_\_ Capital Improvement

- I am interested in electronic giving options.
- I want to explore a major gift or other giving options.
- I have made a provision for St John Lutheran Church in my will.
- I would like information about making a provision for the church in my estate plan.

*Gifts are tax deductible in accordance with Internal Revenue Code*