



Healthy Harvest,
Healthy Communities
LUTHERAN SERVICES IN IOWA

Thank you for your support of Lutheran Services in Iowa. We are grateful for your gift and desire to partner with LSI in fulfilling our mission of service to all.

Lutheran Services in Iowa is there for tens of thousands of children, families and individuals who have nowhere else to turn. We strengthen communities by providing professional resources to those in need.

Many of these people don't know how they will make it through these difficult times or who can help. LSI is here to be part of their solution. We are a first step on their journey to success. We are a light that guides people to self-sufficiency and futures full of hope.

Please remit this form with your contribution to:

Lutheran Services in Iowa
106 16th St. S.W.
P.O. Box 848
Waverly, IA 50677-0848

Again, thank you for partnering with LSI to light the way for Iowa's most vulnerable children and families.

Our Services

LSI offers six core service areas to help Iowans become more independent, successful and productive members of our communities, including:

- Residential treatment for children
- Family-centered services
- Early childhood
- Home health care
- Services for people with disabilities
- Refugee community services

I/we want to partner with LSI to strengthen children and families. Enclosed is my gift of:

Mission Leaders of Faith

- \$250 Partner
- \$500 Advocate
- \$1,000 Builder

Mission Leaders of Hope

- \$2,500 Believer
- \$5,000 Steward
- \$10,000 Guardian

Mission Leaders of Love

- \$25,000 Champion
- \$50,000 Servant
- \$100,000 Visionary
- \$_____ Other

Enclosed is \$_____ with the balance to be contributed as follows:

- Monthly
- Quarterly
- Semi-annually
- Annually
- One-time gift

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I/We would like to receive more information on LSI's Legacy of Leaders planned giving society

Please make checks payable to Lutheran Services in Iowa or provide credit card information below.

Visa or MasterCard #: _____ Exp. Date: _____

Name on Card: _____

Signature: _____

This gift is given:

in loving memory of _____

in honor of _____

Please send a memorial/honor card to:

Name(s): _____

Address: _____

City, State, Zip: _____

*Gifts are tax-deductible as allowed by law.
For more information, please call 866.584.5293
or visit our website at www.LSIowa.org.*