

WELS Lutherans for Life

Mail-in Donation Form

Treasuring human life one heart at a time

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____ Primary Phone: _____

Contribution: \$ _____

Friend of Life Partner (Monthly Electronic Recurring Gift) One Time Gift

Check (*enclosed -void for recurring*) Credit (*information below*) Cash (*enclosed*)

Credit Card # _____ / _____ / _____ / _____ Exp. Date: ____ / ____ CVV Code _____
Security Code on back of credit card

Signature on Card _____

Please accept this as a tribute gift:

In Memory Honor

of Name: _____ Occasion: _____

Please notify: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Please contact me/us about naming WELS Lutherans for Life in my/our will or estate plans.

We welcome your prayer requests:

Mail this form to:

WELS Lutherans for Life, 8501 West Lincoln Avenue, West Allis, WI 53227

414-727-8176 Contact@ALife2.com