



Lutheran Services Carolinas is currently conducting a \$1 million campaign called *Love One Another*. The campaign will focus on expanding and enhancing services to care for young people transitioning out of foster care, extensively vetted refugees, and individuals with intellectual and/or developmental disabilities.

**Statement of Intent**

In gratitude to God and in celebration of the faithful ministry of LSC, I/we intend to contribute to the *Love One Another* campaign as follows:

1. Select Gift Amount	2. Choose schedule for payments to be made over a period of 36 months.		
	Monthly	Quarterly	Annually
\$7,200	\$200	\$600	\$2,400
\$5,400	\$150	\$450	\$1,800
\$3,600	\$100	\$300	\$1,200
\$2,700	\$75	\$225	\$900
\$1,800	\$50	\$150	\$600
\$900	\$25	\$75	\$300
\$360	\$10	\$30	\$120
	Divide total gift by 36	Divide total gift by 12	Divide total gift by 3

My/our total gift of \$\_\_\_\_\_ will be made:

With a one-time gift paid in the full amount (enclosed/attached or charged below) **OR**

On a  monthly  quarterly  annual schedule with equal payments of \$\_\_\_\_\_ to begin \_\_\_\_\_

*Recurring payments by credit/debit card or bank draft are processed on the first business day of each month.*

*It is LSC's hope to have all pledge payments completed by 2022.*

**3. Select Payment Method**

A **check** is enclosed/attached.

- Full amount
- Partial payment

Please charge my **credit/debit** card according to the one-time or multiple payment schedule indicated above:

- American Express     Discover
- MasterCard             Visa

Name on Card: \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card billing address (if different from step 4): \_\_\_\_\_

\_\_\_\_\_

- Please send me quarterly **pledge reminders**.
- Please contact me with instructions for a **gift of stock, mutual funds, property, or other assets**.

**4. Contact Information**

Donor name(s) (as you would like to appear in recognition materials): \_\_\_\_\_

Check here if you wish to remain anonymous.

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Congregation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Optional: This gift is given in honor / memory (please circle one) of: \_\_\_\_\_

Please send tribute card to (name and address of the honoree or the family of the deceased): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your support of Lutheran Services Carolinas. Please make checks payable to Lutheran Services Carolinas and write *Love One Another* in the memo field. Send Statement of Intent and payment(s) to: LSC, 1118 Union St. Columbia, SC 29201 or make your gift or pledge online at [LSCarolinas.net/LoveOneAnother](http://LSCarolinas.net/LoveOneAnother). Your gift is tax deductible as provided by law. Questions? Call 1-800-HELPING.**