

**LAKESIDE LUTHERAN CHURCH
DONATION FORM**

Member Envelope # _____

GIFT AMOUNT \$ _____

First Name _____

Last Name _____

Address _____

City _____

State/Province _____

Country _____

Zip/Postal Code _____

Telephone _____

Email Address _____

CHECK ONE:

Summer Fund

Debt Reduction Fund

Preschool Donation

Where Needed Most / General

Other _____

PLEASE MAKE CHECK PAYABLE TO LAKESIDE LUTHERAN CHURCH

PLEASE MAIL THIS FORM TO: Lakeside Lutheran Church
2401 S. Tamiami Tr.
Venice, FL 34293

THANK YOU FOR SUPPORTING THIS MINISTRY!