

**I/We thank God for His blessings on Wisconsin Lutheran Institutional Ministries.
Here is my/our gift to continue the work to “Evangelize the Institutionalized.”**

\$75 \$200 \$500 \$35 Other \$ _____

(PLEASE PRINT)

Name _____

Address _____

City/State/Zip _____

Telephone (home) _____

Telephone (work) _____

E-mail address _____

Home congregation _____

Enclosed is my check payable to “WLIM” or “Wisconsin Lutheran Institutional Ministries”

I prefer to give by credit card: Visa MasterCard

Card number: _____ Expiration date: _____

Name as it appears on card: _____

Your signature: _____

This gift is in memory of in honor of _____

Please acknowledge to: Name _____

Address _____

City/State/Zip _____

I can make a Thrivent Giving Plus® matching gift. Please send me a gift form.

My employer will match my gift. Name of employer: _____

I/we would like information on how I/we can support WLIM through:

a will an insurance policy a gift annuity real estate a trust

Please use my gift for the following ministry area(s):

- | | |
|--|---|
| <input type="checkbox"/> Where needed most! | <input type="checkbox"/> Prison & county jail ministry |
| <input type="checkbox"/> Hospital chaplaincy | <input type="checkbox"/> Drug & alcohol recovery ministry |
| <input type="checkbox"/> Nursing home ministry | <input type="checkbox"/> Ministry to women & girls |
| <input type="checkbox"/> Ministry to youth | <input type="checkbox"/> Mental health ministry |

Thank you for your generous gift! You have made a difference today.

Please mail to:

**Wisconsin Lutheran Institutional Ministries, Inc.
2949 N Mayfair Rd ##105
Milwaukee, WI 53222**