

**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 \_\_\_\_\_

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):

Where needed most!

Prison & county jail ministry

Hospital chaplaincy

Drug & alcohol recovery ministry

Nursing home ministry

Ministry to women & girls

Ministry to youth

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**