

Grace Lutheran Church Endowment Fund 7800 West County Road 42, Apple Valley, MN 55124 952-432-7273



Endowment Gift Form

Date:			
Your Name:			_
Your Address:	(First)	(Last)	
ioui Audiess.			
Phone:			
E-mail (to recei	eive a confirmation):		
Gift Informatio This gift is be	_		
This gift is b	peing given in honor of:		
Fund for this	is Gift		
Gr	race Fund (non-designated distrib	utions) (<i>Preferred Option</i>)	
	nirley L. Kindem Endowment for th	ne benefit of the Grace Choir/Bells	
	ne Heidi Ness Youth Fund		
	ne Community Social Ministry Fund	d for the 360 Communities	
	ne Allan Lindell Memorial Music Fu	und	
	ne In Memory of Alexander Hagen	ı Fund	
□ Th	ne Marcella Olson World Mission F	Fund	
□ _{Th}	ne Elder Fund		
□ Th	ne Earl and Joanne Jensen Youth N	Mission Trip Fund	
Amount:			
Sand a	schook or drop one in the church	office	

Please write "Endowment Fund" in the memo and attach to this form.

If an electronic payment is preferable, please access the Grace website under **Membership**. Choose **Endowment** and the **Make A Gift Today** button at the bottom of the page. If the gift should go to a specific fund, fill out the form and drop off in the church office.