

The LSS Founders Family

Realizing the value of planned gifts to the LSS Foundation to be used for future support of Lutheran Social Services of South Dakota, I/we have made one or more of the following provisions:

- Included LSS Foundation in my will.
- Established a life-income plan with LSS Foundation.
- Named LSS Foundation as a beneficiary in a life insurance policy on my life.
- Made other provisions for the benefit of LSS Foundation (please describe below.)

The estimated value of this gift is _____

I/we wish the proceeds to be used for the work of LSS or

Please indicate specific LSS service. If unspecified, gift will be designated to the area of greatest need.

Name: _____

Address: _____

Phone: _____

Email: _____

- I give my approval to have my name included in the LSS Founders Family membership listed in publications of LSS.

Please list my name as: _____

- I request that my name not be included in the LSS Founders Family membership list.

Donor Signature

Date

Donor Signature

Date