

Yes, I/we would like to *Help Fulfill A Dream* with a gift of

\$

- Enclosed is my check made payable to Wisconsin Lutheran High School
 - I want to pledge installment payments in the amount of \$ _____ One time Quarterly Monthly
 - I have enclosed a matching gift from Thrivent Other _____
 - Contact me regarding A Matching Gift Electronic Funds Transfer Leaving WLHS in my will Other
 - Charge my credit card the amount of \$ _____ One time Quarterly Monthly
 - Visa MasterCard Discover American Express
- Account Number _____ Expiration date _____
 Signature _____

- I would prefer to receive your appeal letters via email

Name _____ WLHS/LHS Alum, Class of _____

Address _____ City _____

State _____ Zip _____ Phone _____ Email Address _____

To donate on-line go to
www.wlhs.org



Wisconsin Lutheran High School
330 North Glenview Ave.
Milwaukee, WI 53213-3379
414-453-4567

Complete the form above and mail to:

Wisconsin Lutheran High School
Mission Advancement Office
330 North Glenview Avenue
Milwaukee, WI 53213-3379
414-453-4567

Please accept this schedule of
events as a small token of our
appreciation for your commitment to
Wisconsin Lutheran High School.

