



Thrivent Financial for Lutherans Organization ID 7 3 8 0 0 1

Signature of program coordinator

I certify that the stated gift has been received and satisfies the requirements of the Thrivent GivingPlus® Program.

For Use by Recipient Organization

Signature of member

I certify that I am an individual 16 years of age or older who is either a benefit member of Thrivent Financial for Lutherans, or who owns a Thrivent Mutual Funds account and/or Thrivent Life Insurance Company product. I am making this gift under the guidelines of the GivingPlus program. I understand this program is not a guaranteed contractual benefit. I understand the budget for this program is established annually and therefore all eligible gifts may not be supplemented. Finally, I understand that contributions by Thrivent Financial for Lutherans, Thrivent Asset Management and Thrivent Life Insurance Company are subject to the guidelines of the GivingPlus® Program.

Name of institution or organization receiving gift: Lutheran School of Lexington
City: Lexington
State: KY

Volunteer hour information
Date of Gift (Month): Jan, Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec
Mark this oval if you have contributed 25 or more hours of volunteer service to this organization during the current calendar year.

Date of Gift (Year): 2 0 0 9
Amount of individual gift: \$ 0 0

Gift Information

First and last name
Address
City
State
Zip
Home phone number

Your unique secure ID consists of the first 5 letters of your last name and the last 4 digits of your social security number.
Use black ink. Use block letters (e.g. A, B, C).

Donor Information

Send this completed form, along with your gift, to the eligible Lutheran organization of your choice. The check must be made payable to the enrolled organization. Note: A congregation is not an eligible recipient for this program. List only one donor and one organization per form. Your unique secure identifier is required for the gift to be processed.