

**Please enclose this Kansas District Education Legacy Fund Gift Form with your contribution.**

We thank you in advance for your support!

Kansas District LCMS  
1000 SW 10<sup>th</sup> Ave  
Topeka, KS 66604

Enclosed is my/our contribution of \$ \_\_\_\_\_.

(Make checks payable to *Kansas District LCMS*, write *Education Legacy Fund* in the memo.)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

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