



## Special Gifts Endowment Fund Chesapeake District LWML

Date \_\_\_\_\_ Amount Enclosed \$ \_\_\_\_\_

In Memory of \_\_\_\_\_

In Honor of \_\_\_\_\_

Occasion \_\_\_\_\_

To the Glory of God

Send acknowledgement of Gift (not amount) to:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Donor Name** \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**Make checks payable to Lutheran Church Extension Fund**  
(Include "LWML Special Gifts" on memo line)

**Mail to:**

**Linda Nau**  
**1810 Ethelred Ct**  
**Midlothian, VA 23113**