



3399 Division Road, Jackson, WI 53037-9707
Educating for life and for eternity

Yes! My support will advance Christian Education at KML.

My Name _____ Email _____
Address _____ Home Phone _____
City / State/ Zip _____ Cell Phone _____
Congregation _____

Please use my gift for:

- Let's Grow Together Campaign Operating Student Assistance
- Debt Reduction Greatest Need

Here is my **one-time gift** of: \$ _____ \$500 \$250 \$150 \$50

I would like to support KML on a regular basis with a **recurring gift** of \$ _____:

Date and Frequency (*Circle One*) Monthly / Twice a month / Weekly / Annually

Beginning date: _____

Payment Method:

- By check (made payable to Kettle Moraine Lutheran High School)
- Automatic withdrawal option: (Please attached a voided check)

Date on which withdrawal should be taken: _____

Signature: _____

My employer will be matching this gift. *Employer:* _____

This gift is given... In memory of In honor of (*occasion*) _____

First & Last Name _____

Send acknowledgement to: *Name* _____

Address _____

City/State/Zip _____

- I have included KML in: my will a trust an insurance policy other estate plans
- I am interested in including KMLHS in my will/estate.