



I want to support the sharing of Jesus Christ with children, youth, adults, and families through the outdoor ministry of Camp Lutherhaven.

Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____
Home Congregation/City: _____

Please apply my gift:

- Where Needed Most
- To the Campership Fund
- Other _____
- I am a Thrivent Financial member and would like my gift matched.
 - My gift form is enclosed.
 - Please send me the form.
- Gift given in **Honor** or **Memory** of: *(circle one)*

Name _____

If you would like an acknowledgment sent, please enclose their name and address. No amount will be disclosed.

- Please contact me regarding a special gift.

**Thank
You!**

Please make checks payable to:

Camp Lutherhaven
Outdoor Ministry Center
1596 S. 150 W.
Albion, IN 46701-9695

*Your gift is tax-deductible as allowed by law.
All donors are listed annually, unless requesting anonymity.*