

# HIS ARMS

*Children's Project*

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Enclosed is my tax-deductible gift of \$ \_\_\_\_\_

I would like my donation applied to (please be specific):

Amount: \_\_\_\_\_ For: \_\_\_\_\_

Amount: \_\_\_\_\_ For: \_\_\_\_\_

Amount: \_\_\_\_\_ For: \_\_\_\_\_

Amount: \_\_\_\_\_ For: \_\_\_\_\_

Amount: \_\_\_\_\_ For: \_\_\_\_\_

Amount: \_\_\_\_\_ For: \_\_\_\_\_

Please keep my donation confidential

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this form and your donation to:  
Peace Lutheran – His Arms  
2084 County Rd N  
Baldwin, WI 54002