

## “HALOS OF HOPE” PARTNERS

Yes! As an investment in our community and in changing lives, I/we want to become a “Halos of Hope” partner. Please accept this gift/pledge accordingly.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

### “Halos of Hope” Partner Levels:

- Platinum \$ 1,000
- Gold \$ 500
- Silver \$ 250
- Bronze \$ 100
- Other \$ \_\_\_\_\_

- My/our payment is enclosed.
- I/we wish to pledge on either a monthly or quarterly basis (please circle one) beginning on \_\_\_\_\_ (please enter date). LSSI will send a reminder.

Please direct questions to Donna Elbrecht, CEO, Lutheran Social Services of Indiana, (260) 426-3347.