



Support My Team



1	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
2	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
3	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
4	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
5	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
6	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
7	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
8	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
9	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)
10	NAME AND ADDRESS	PHONE *	<input type="checkbox"/> Paid by Check
		EMAIL	<input type="checkbox"/> Paid by CC (below)

Participant Name (fundraiser to credit): _____

Team Name: _____

**Please make check payable to Lutherans For Life .
(Indicate this is for Step Up 4 Life.)*

IF GIVING BY CREDIT CARD:

Amount \$ _____

Credit Card # _____

Exp. Date _____ Phone: _____
Month / Year

Signature _____

Lutherans For Life is a 501(c)(3) ministry and contributions are deductible as charitable donation.

Return to:

LUTHERANS FOR LIFE
1101 5TH ST
NEVADA IA 50201-1816

