



## THE HOFFMANN SOCIETY ENROLLMENT FORM

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Please verify the following information:

**Donor information:**

Mr.  Rev.  Dr.  Mrs.  Miss  Ms.

First Name: \_\_\_\_\_ M. I. \_\_\_\_ Last Name: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Birth date: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Spouse information:**

Mr.  Rev.  Dr.  Mrs.  Miss  Ms.

First Name: \_\_\_\_\_ M. I. \_\_\_\_ Last Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Birth date: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Gift information:**

Type of Gift:  Bequest  Gift Annuity  POD  IRA  Real Estate  
 Trust  Unitrust  Insurance  Endowment

Amount of Gift: \$\_\_\_\_\_ or \_\_\_\_% (Please estimate if specific amount is not known)

Revocable  Irrevocable

I/we are providing a copy of our will, trust or other documents related to this gift.

Donor(s) Signature(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Ministry Advancement Officer* \_\_\_\_\_ *Date*

\_\_\_\_\_  
*Signature of Vice President of Constituencies* \_\_\_\_\_ *Date*

Please return completed form to:  
Lutheran Hour Ministries  
660 Mason Ridge Center Drive  
St. Louis, MO 63141  
or e-mail it to [lhm-gift@lhm.org](mailto:lhm-gift@lhm.org)