

\_\_\_\_\_ I would like to be a **“Friend of Campus Ministry!”**

Enclosed is my contribution of \$\_\_\_\_\_ for this year.

\_\_\_\_\_ Please send a reminder in December.

Enclosed is my one time donation of \$\_\_\_\_\_.

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Mail to: South Central Synod of WI-ELCA, 6401 Odana Road, Suite 20, Madison, WI 53719*

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