



Chapel Seat Challenge Contribution Form

Name _____

Telephone (_____) _____

Address _____

City _____ State _____ Zip _____

E-mail _____

Gift Commitment

We want to provide _____ chair(s) at a donation of \$ _____ (minimum of \$250 per chair) for total gift of \$ _____

We prefer to donate 5 chairs at a minimum donation of \$1,000

Payment enclosed: \$ _____ Balance due: \$ _____

Payments to be made: Single payment Monthly Quarterly

Signature _____ Date _____

Gift Recognition

May we publicly recognize your gift? yes no

List names(s) as _____

Honor/Memory Gifts: My gift is: in honor in memory of _____

(We respectfully request all seat donations be paid by March 31, 2019. Donations may be sent to Sioux Falls Lutheran School 308 W. 37th St. Sioux Falls, SD 57105.)