

# Thrivent Disaster Response to Hurricane Katrina

Send this completed form to the recipient organization that you've identified below, along with your **check made payable to the recipient organization**. List only one member per form, and use black ink only. A Thrivent Financial Member ID or Social Security number is required for the gift to be processed.

## Thrivent Financial for Lutherans Member Information

Select ID type, write in either your **Thrivent ID or your Social Security number**, and fill in the bubbles below. Your Thrivent ID is a nine-digit number beginning with a "5."

Thrivent ID     Social Security number

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0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

First eight characters of last name

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Member name

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Address

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City State      ZIP Code

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Home phone number

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## Recipient Organization and Gift Information

Your check should be made payable to the recipient organization you've identified below. Once your eligibility is confirmed, Thrivent Financial will send the supplemental funds directly to the recipient organization identified below.


**Please choose only one organization.**

Send this completed form, along with your gift to:

- ELCA Domestic Disaster Response  
PO Box 71764, Chicago IL 60694-1764
- LCMS World Relief/Human Care  
1333 S Kirkwood Rd, Saint Louis MO 63122-7226
- Lutheran Disaster Response  
8765 W Higgins Rd, Chicago IL 60631-4101
- WELS Committee on Relief  
2929 N Mayfair Rd, Milwaukee WI 53222-4301

I certify that I am a Thrivent Financial for Lutherans member 16 years of age or older and that I am making this gift under the guidelines of Thrivent Disaster Response to Hurricane Katrina. I understand this program is solely a fraternal benefit of Thrivent Financial for Lutherans and not a guaranteed contractual benefit. I understand the budget for this opportunity has been established and, therefore, all eligible gifts may not be supplemented. Finally, I understand that contributions by Thrivent Financial are subject to the guidelines of Thrivent Disaster Response to Hurricane Katrina.

Signature of Thrivent Financial for Lutherans member



Gift date

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Amount of individual member gift

Enter only whole dollars.

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0	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Member donations must be received by the recipient organization no later than **November 30, 2005** in order to be considered for supplemental funding.

## For Use by Recipient Organization

I certify that the stated gift has been received and satisfies the requirements of Thrivent Financial Disaster Response to Hurricane Katrina.

Signature or Stamp of Authorized Recipient Organization



