



I want to help share Christ's word and deed ministry throughout the world.

Where needed most \$ _____

Designated for _____ \$ _____

___ Check/Money Order

___ Credit Card

Name on Card _____

Card Number _____

Expiration Date _____

Sign up to receive our email updates:

Email address: _____

Check all that apply:

___ I would like to join Global Allies in Prayer and pray each month for the Luke Society

___ I would like more information about Partnership Ministry Teams (PMTs).

___ I would like to have a Luke Society representative contact me about speaking at my church.

Name: _____

Address: _____

City _____ State _____ Zip _____

Please return to:

**The Luke Society
3409 S Gateway Blvd
Sioux Falls, SD 57106**