

Update Your Information:

Title: Mr. Mrs. Ms. Dr. Other: _____

Name: _____

Name of LSU Student/s: _____

Are you an LSU Alum? Graduation Year: _____

How can we pray for you? _____



**PLEASE RETURN THE FORM
USING ANY OPTION BELOW:**

P.O. Box 411
Baton Rouge, LA 70821

EMAIL: hgautier@ctksu.org

FAX: 225-344-1920

I would like my gift frequency to be: Weekly Bi-Weekly Monthly Other: _____

I would like to continue at my current gift amount. I would like to change my gift amount to:
 \$25 \$50 \$75 \$100 \$200 \$500 Other \$ _____

I would like to change to give on the _____ of each month. I would like to keep my same giving day.

Payment Information:

Credit Card Number: _____

Name on the Card: _____ Expiration Date: _____ CVV: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____