



## I want to give to LTS monthly!

Name: \_\_\_\_\_ Class Year (if applicable) \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Automatically transfer \$ \_\_\_\_\_ from my bank account each month.

Complete below and attach a "void" check to this form:

Name of Bank \_\_\_\_\_ Account Holder Name \_\_\_\_\_

Mailing Address of Bank \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Account Number \_\_\_\_\_ Bank Routing/ABA Number \_\_\_\_\_

- I have included the Seminary in my estate plans.
- Please send me information about including LTS in my will.

Signature \_\_\_\_\_

**Mail to:**

**Lexington Theological Seminary  
230 Lexington Green Circle, Suite 300  
Lexington, KY 40503**

[www.lextheo.edu](http://www.lextheo.edu)

859-280-1250