

CHRIST LUTHERAN CHURCH AND SCHOOL

7701 Candelaria Road NE Albuquerque, NM 87110
Telephone: (505) 884-3876 Fax: (505) 888-0655
Website: clsabq.com



Dear Friend,

It is an honor to be part of the Christ Lutheran School (CLS) community. We were originally a Preschool, which opened in 1988, and we have grown to provide education to Preschool 2-years through eighth grade. Christ Lutheran is a New Mexico non-profit 501(c)3 organization whose mission is to reach out with the Gospel message and minister to families so that children and their families become Disciples of Christ.

Because CLS is a non-profit establishment, we rely on tuition and donations to maintain operations. We strongly feel that ALL children deserve a Christian education. We offer in-house Financial Aid on a case-by-case basis to over 60% of our families. Our church members commit to raising funds each year, which helps us offset the needs of our scholarship fund.

We are hosting an annual Gala and Silent Auction at the Uptown Sheraton Hotel where we hope to raise enough funds to continue our mission, not just this year, but for the future as well. Would you consider partnering with us to sustain our Financial Aid Scholarship Fund and help more families stay or become part of our CLS community? There are four ways that you can help!

Join us for A Legacy of Light Gala. You can buy either single tickets or a table for ten people by scanning the QR code above.

Become a sponsor: ___\$1,000 and up – Platinum Sponsor ___\$500 and up – Silver Sponsor
 ___\$250 and up – Gold Sponsor ___\$150 and up – Bronze Sponsor

Sponsorship benefits include your name/logo displayed in our weekly emails to our families for the entire school year and a ¼ page listing in our yearbook. There are additional benefits for Platinum & Gold Sponsors, including a ½ or full-page ad in our yearbook and exclusive/title show sponsor option during our Christmas program, and our Spring Jubilee Program. BONUS: in addition to these benefits, any donation over \$3,500 includes a run on our digital sign for two weeks during the school year and exclusive/title show sponsor at our Spring Gala! But much more than that, it will result in the sincere gratitude of over 150 students and their families and the continuation of Christ-centered learning.

You can make a financial donation by mailing a check to the school or by donating online using the QR Code provided above. Enclosed is my gift of \$1,000 \$500 \$250 \$150 \$75 \$50 Other \$ _____

Donate an item for the Auction: _____ Item Description _____ Value Amount \$ _____

Name: _____ Company: _____

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

Telephone: _____ E-mail address: _____

Deadline: February 1, 2026.

Christ Lutheran School is a non-profit 501(c)3 organization. You can find more information about CLS on our website at www.clsabq.com.

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DO NOT SEND TO IRS - SUBMIT FORM TO REQUESTING AGENCY
FCD 04/2021

**NEW MEXICO DEPARTMENT OF FINANCE & ADMINISTRATION
FINANCIAL CONTROL DIVISION
SUBSTITUTE FORM W-9
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER, CERTIFICATION**

TYPE OR PRINT NEATLY, PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION

PART I: SUPPLIER INFORMATION

1. Name: (as shown on your income tax return). Name is required; do not leave blank. **CHRIST LUTHERAN CHURCH**

2. Business name/disregarded entity name, if different from #1:

3. Entity Type (Check only one, unless you are or have been a State of New Mexico Employee, then also check State of New Mexico Employee box):

Individual / Sole Proprietorship / Single Member LLC
 Partnership
 C Corporation / S Corporation
 Trust / Estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership > _____)

Government (Local, State, Federal, Tribe)
 Tax-Exempt organization under IRC Section 501 C
 State of New Mexico Employee (Agency No.) **01-806694-00-1**

4. 1099 Reporting: Services provided to the State by vendor:

Health care or medical service
 Attorney services
 Rental of Real Property
 Royalties
 State of NM Appointed Board member / commissioner / committee member
 Agency Volunteer (Agency No.)
 DUAL Supplier & Active NM Employee
 Other

PART II: TAXPAYER IDENTIFICATION NUMBER (TIN) & TAXPAYER IDENTIFICATION TYPE

1. Enter your TIN here (DO NOT USE DASHES) **8 5 0 1 6 8 7 1 0**

2. Taxpayer Identification Type (check appropriate box):
 Employer ID No. (EIN) Social Security No. (SSN) Employee ID N/A (Non-United States Business Entity)

PART III: ADDRESS

1. Address: (Location where payments and correspondances can be sent) (If a NM state employee, enter Agency name and Field Office Address)
 Address Line #1 **7701 CANDELARIA RD NE**
 Address Line #2
 Address Line #3
 City **ALBUQUERQUE** State **NM** Zip Code **87110**

2. REMITTANCE, IF DIFFERENT: (location specifically used for payment that is different than address 1, if applicable)
 Address Line #1
 Address Line #2
 Address Line #3
 City State Zip - 9 Digit

PART IV: CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct tax payer identification number (or I am waiting for a number to be issued to me), AND
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, AND
 3. I am a U.S. Citizen or other U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding

Printed Name **ANNE MCBRAYER** Occupation **BOOKKEEPER** Telephone Number **(505) 884-3876**
 Signature *Anne McBayer* Email for receiving ACH advices **CLBOOKKEEPER.ABQ@GMAIL.COM** Date (mm/dd/yyyy) **05/07/2024**

PART V: OPTIONAL DIRECT DEPOSIT (ACH)

Warning: The State of New Mexico will not process International ACH Transactions (IAT). If any payment to you from the State will ever result in an IAT under National Automated Clearing House Association (NACHA) operating rules or if you are not sure if the rules apply to you DO NOT FILL OUT THIS SECTION OF THE FORM. Please provide a copy of a voided check or letter from bank confirming information indicated above.

Include a voided check or letter from financial institution if requesting ACH payments

Type of Account Checking Savings

I acknowledge the IAT warning and authorize the State of New Mexico to initiate direct deposit of funds to the account and financial institution indicated, and to recover funds deposited in error if necessary in compliance with NACHA regulations.

Signature *Anne McBayer* Printed Name **ANNE MCBRAYER**