



LINCOLN HILLS FOUNDATION DONATION FORM

Donor Information

Name _____

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City, State, Zip _____

Phone (10 digits) _____

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Payment Information

I enclose my check for \$ _____

Charge my MasterCard Visa \$ _____ Once or every month for _____ months.

Credit Card Information

Cardholder's Name _____

Credit Card Number _____

Expiration Date _____

Security # (3 digits back of card) _____

Signature _____ Date _____

This gift is a tribute to someone special:

In memory of _____

In honor of _____

In appreciation to _____

To recognize the occasion of _____

Please send acknowledgement of this gift to

Name _____

Address _____

City, State, Zip _____

Relationship to honoree: _____

- I have a company match for my contribution. Please contact me.
- I prefer to make my donation anonymously.
- Please contact me to discuss giving opportunities through my will or trust.

Please download and print this form. When completed, mail to

Lincoln Hills Foundation
PO Box 220
Lincoln, CA 95648