



Lincoln Hills
FOUNDATION

Donor Form

Please fill in and return this donor form with your tax-deductible gift.

Name _____

Address _____ Village _____

City _____ State _____ Zip _____

Phone _____ Email _____

Individual Donor Business Donor Community Organization

Amount Contributed: \$25 \$50 \$100 \$500 Other \$ _____

Payment Information:

My check for \$ _____ is enclosed. (made to **Lincoln Hills Foundation**)

I will pay by: MasterCard Visa

Please charge my credit card \$ _____ per month one time

Credit Card Information:

Cardholder's Name _____

Credit Card Number _____

Expiration Date (mo) _____ / (yr) _____ Validation number: _____

Signature _____ Date _____

Special gift or tribute for: (Name) _____

In memory of In honor of Birthday Anniversary Other _____

Send acknowledgement of this gift to:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship to honoree _____

I prefer to make my donation anonymously.

I wish to make an alternative contribution. (e.g. Stocks, bonds, IRA withdrawal, will, trust)

I am interested in establishing a Charitable Remainder Trust with the Lincoln Hills Foundation

My company will make a matching gift.

Please call me at _____

Mail to:

Lincoln Hills Foundation

PO Box 220 Lincoln, CA 95648-0220

www.LincolnHillsFoundation.org

Thank you for your support of the Lincoln Hills Foundation!