



**LINCOLN HILLS FOUNDATION DONATION FORM**

**Donor Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (10 digits) \_\_\_\_\_

Email \_\_\_\_\_

**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