



**Lincoln Hills
FOUNDATION**

Serving the Lincoln Senior Community

LINCOLN HILLS FOUNDATION DONATION FORM

Donor Information

Name: _____

Address: _____

City, State, Zip: _____

Phone (10 digits): _____

Email Address: _____

- I prefer to make my donation anonymously – Donor information needed to send a receipt.

Donation Amount: _____

Date: _____

- I enclose my check

Charge my **Visa** **MasterCard** Credit Card Number: _____

Expiration Date : _____ **3 digit Security Number (back of card):** _____

Name as it appears on your card: _____

This gift is a tribute to someone special:

- In memory of _____
- In honor of _____
- In appreciation to _____

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.
- 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 95648-0220