

Name _____ Class of _____
(as you want it to appear on donor board) (if applicable)

Donor Name/Business _____

In Memory of _____
(if applicable)

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

<input type="checkbox"/>	Monthly Payments (up to 3 years)	<input type="checkbox"/> 12 payment over 1 year of \$182 each <input type="checkbox"/> 24 payments over 2 years of \$91 each <input type="checkbox"/> 36 payment over 3 years of \$61 each	} Credit or ACH option only.
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<input type="checkbox"/>	Annual Payments (up to 3 years)	<input type="checkbox"/> 1 time payment of \$2,184 <input type="checkbox"/> 2 annual payments of \$1,092 <input type="checkbox"/> 3 annual payments of \$728	<input type="checkbox"/> Check <input type="checkbox"/> Credit Card
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<input type="checkbox"/>	Other Gift Amount: \$ _____
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- Anonymous gift
- ACH from Bank Account
Routing # _____ Acct # _____

I authorize LACF to initiate entries to my checking/savings account. This authority will remain in effect until I notify you in writing to cancel it in such time as to afford the company a reasonable opportunity to act on it. I can stop payment of an entry by notifying my financial institution 3 days before my account is charged per the schedule above.

Credit Card

Name _____

Card # _____

Exp Date _____ 3 Digit _____ Zip _____

I authorize LACF to charge my credit card per the schedule selected above

Call the LACF Office with payment information, if you prefer.
Luverne Area Community Foundation • 507-220-2424



Luverne Education Legacy Fund
LHS 2184 Campaign
c/o LACF
P.O. Box 623
Luverne, MN 56156