

## Single Donation Form

Donation Amount: \$\_\_\_\_\_

	DEDICATIO	N	
	emory of: onor of:		
DONOR INFORMATION			
Busin Nam Stree City:	I would like to make this donation anonymously.  ness/Organization/Group:  ne:  et Address:  State:  Please add me to your mailing list.		Zip Code:
PAYMENT INFORMATION			
_	Cash (LCF Verified by: Check No.: Check Date: _ (Made Payable to: LCF - Give BIG Lexington)		
	Credit Card:  For donations presented at the Lexinaton C		

For donations presented at the Lexington Community Foundation office. 607 N. Washington, Lexington, NE 68850 Phone: (308) 324-6704

On November 9th Give BIG Headquarters will be located at Dawson County Annex Building: 200 W 7th St., Lexington