



Fund-a-Need 2020 Donor Participation Form

✓ **Yes, I will support 2nd Half with Lyngblomsten and help others age well in their communities!**

My gift is: _\$50 _\$125 _\$350 _\$500 _\$1,000 _Other: \$_____

Payment:

I will pay in full now by: _Credit Card _Check (made payable to *Lyngblomsten Foundation*)

I would like to set up a pledge and pay in installments as follows: (Full payment due by 9/30/20.)

I will pay via another mechanism such as stock transfer, donor-advised fund, or IRA distribution.*

I want to establish an ongoing recurring **monthly** gift with no specified ending date:*
Monthly amount \$_____ To be paid via: _bank account transfer _credit card

Signature

For credit card payments:

Circle card type: Visa Mastercard Discover Amex

Cardholder Name: _____

Card No.: _____

Exp. Date: ___/___ Security Code: _____

Donor Contact Info: (please print clearly)

Name _____

Address _____

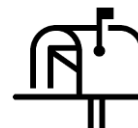
City, State, Zip _____

Email _____

Phone (____) _____ Home Cell

I am a member of Thrivent Financial: _Yes _No

Please print and mail this form to:



Lyngblomsten Foundation
1415 Almond Avenue
Saint Paul, MN 55108

***Questions or to Communicate Details:**



Please contact Jeanne Baumann:
Foundation@Lyngblomsten.org
(651) 632-5326

(Note that Jeanne generally works M,W,F. If you don't reach her, leave a message and she'll return your call the next time she is in the office.)

Thank you for your generosity!

The Lyngblomsten Foundation is a 501(c)(3) nonprofit organization.