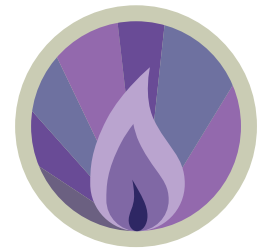


# LIGHTS<sup>of</sup> LYNGBLOMSTEN



## Donation Form

To make your donation, fill out this form or go online to [www.lyngblomsten.org/lights](http://www.lyngblomsten.org/lights).

Name: \_\_\_\_\_

Organization (optional): \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ My check is enclosed, payable to *Lyngblomsten Foundation*.

☐ I will give via an IRA distribution, DAF gift, or stock transfer.

☐ Please charge my: ☐ Discover ☐ Mastercard ☐ Visa ☐ American Express

Name on Card: \_\_\_\_\_ Exp: \_\_\_\_\_

Card No: \_\_\_\_\_ CVC: \_\_\_\_\_

.....  
*Contribute* I am giving a gift of:

☐ \$1,000 ☐ \$500 ☐ \$250

☐ \$100 ☐ \$50 ☐ \$25 ☐ Other: \$ \_\_\_\_\_

This is a:

☐ One-time gift

☐ Recurring gift: ☐ monthly ☐ quarterly

☐ Please make my gift anonymous.

**For more information, please contact:**

Tim Overweg  
(651) 632-5319  
toverweg@lyngblomsten.org

**To make a donation by mail, please return this form to:**

Lyngblomsten Foundation  
1415 Almond Avenue  
St. Paul, MN 55108

*Lyngblomsten Foundation is a 501(c)(3) nonprofit organization. Tax ID #36-3371887*

.....  
*Tribute* (Optional) My gift is: ☐ In Honor of ☐ In Memory of

Name: \_\_\_\_\_

From: \_\_\_\_\_

☐ Please inform this person of my gift:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tribute gifts received by **December 20, 2021** will be included in the Lights of Lyngblomsten candle display.