Small Acts, BIG Change

GIVE BIG 2026

DONATION FORM

Organization to receive donation:

_____

Dedication:

In Memory of:

In Honor of:

Donation Amount Total: $

Donor Information (REQUIRED)

☐ I would like to make this donation anonymously.

Business/Organization/Group:

Name:

Street Address:

City: **State:** **Zip Code:**

Email: **Phone: ( )**

Donation receipts will be sent via email

☐ Please add me to your mailing list.

Payment Information

☐ Cash (LCF Verified by: 1 - 2 -)

☐ Check No: Check Date:

☐ Credit Card: Exp: Code:

☐ IRA Qualified Charitable Distribution: Make check payable to Lexington Community Foundation

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