



Litchfield Area Community Foundation Donation Form

Date of Donation: _____

Contribution: \$ _____ Amount _____ check _____ cash

Donor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of Donation:

_____ LACF Operating Fund

_____ LACF Endowment Fund

_____ Other (Please Specify) Donor Advised, School Foundation

Special Designation of Donation: _____

(Check one) Donor _____ does / _____ does not wish to be acknowledged.

Please acknowledge the donation as a gift from: _____

Mail this form and the donation to:

Litchfield Area Community Foundation
P.O. Box 624
Litchfield, MN 55355