

# Lincoln Partners for Public Art Development

A fund of the Lincoln Community Foundation  
215 Centennial Mall South, Suite 100, Lincoln, NE 68508  
402-430-8801

## ART MAKERS GIVING CIRCLE

### STATEMENT OF INTENT

**Please provide a form for each GIVING CIRCLE member (members can also be couples).**

DATE \_\_\_\_\_ GROUP NAME OF GIVING CIRCLE \_\_\_\_\_

NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### GIFT INFORMATION

My/Our intent is to contribute the sum of \$ \_\_\_\_\_.

My/Our gift, check enclosed, is made payable to the *Lincoln Community Foundation, Inc.*, is for the Art Makers Endowment Fund.

My/Our preference is to make this gift payable over a period of:

1 year       5 years

with the initial payment of \$ \_\_\_\_\_ to be made on or before

\_\_\_\_\_, 20\_\_\_\_. Thereafter, I/we will send additional payments of

\$ \_\_\_\_\_  annually       quarterly       monthly.

My/Our preference is to make the above gift electronically by credit card on the first day of each  month OR  quarter. The Foundation has my permission to charge my credit card for a gift of \$ \_\_\_\_\_ until \_\_\_\_\_, 20\_\_\_\_ or until my gift intention has been paid in full.

*Credit Card gifts only:*

Name as it appears on card \_\_\_\_\_ Expires \_\_\_\_\_

Credit Card # \_\_\_\_\_ 3-digit code \_\_\_\_\_

Contributions are tax deductible to the extent provided by federal and state law.

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Donor Signature