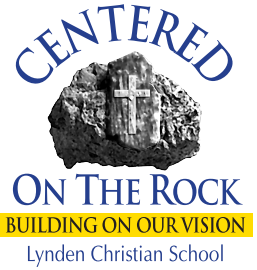


**Lynden Christian School  
High School Expansion Project**



**Gift Intention Form - Phases II & III**

**It is our goal to complete the High School Improvement Project during the summer of 2006.**

In order to properly budget for this project, we ask that you return your Gift Intention Form to the  
LCS Central Office, 417 Nooksack Ave., Lynden, WA 98264.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

I/we would like to support Lynden Christian School's **Centered on the Rock** high school expansion project, confirming my/our gift intention as follows:

\_\_\_ MONTHLY PAYMENT: \$\_\_\_\_\_ to be paid in monthly payments of \$\_\_\_\_\_ beginning \_\_\_\_\_ (date).

\_\_\_ SINGLE PAYMENT: \$\_\_\_\_\_ to be paid in a single payment by \_\_\_\_\_ (date).

\_\_\_ ANNUAL PAYMENT: \$\_\_\_\_\_ to be paid in three annual payments of:

\$\_\_\_\_\_ by \_\_\_\_\_ (date)

\$\_\_\_\_\_ by \_\_\_\_\_ (date)

\$\_\_\_\_\_ by \_\_\_\_\_ (date)

\_\_\_ NO, I/we cannot contribute financially at this time.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Note 1) Receipts for income tax purposes will be issued for all funds received up to and including December 31 of each year, in accordance with the Internal Revenue Service.

Note 2) The Capital Campaign Committee will respect the confidentiality of all contributors and understands that gift intentions may be revised or suspended due to changing financial circumstances.