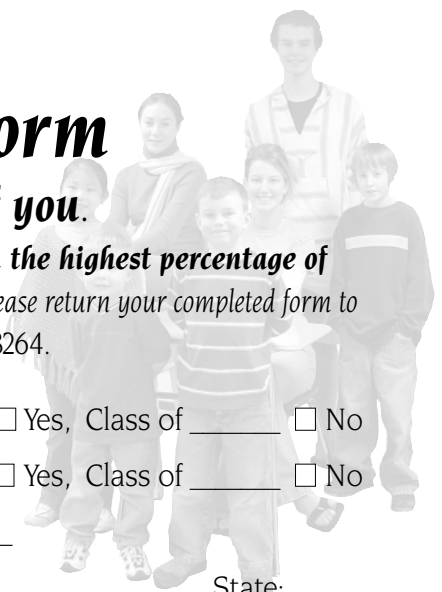


Lynden Christian Schools Alumni Participation Form

It is our goal to hear from each one of you.

Let us know how you demonstrate support for Lynden Christian Schools. **The class with the highest percentage of alumni participation will receive a special treat at their next class reunion.** Please return your completed form to the LCS Alumni Office, 417 Nooksack Avenue, Lynden, WA 98264.



Name: _____ Alumnus of LCS? Yes, Class of _____ No

Spouse Name: _____ Alumnus of LCS? Yes, Class of _____ No

Maiden Name: _____

Mailing Address: _____ City: _____ State: _____

Zip Code: _____ Phone: _____ Email: _____

I/We would like to show our support for Lynden Christian Schools by:

___ **Praying regularly** for the students, staff, families and volunteers at LCS.

___ **Share an Alumni Update.** Please share your milestones and let us know what you've been doing since graduation. _____

___ **I/We currently volunteer at LCS.** Let us know where you volunteer so we can update our database:

___ **I/We would like to partner with LCS.** Please refer to the back of this form for a variety of ways to support LCS.

I/We would like to help financially with the:

___ **High School Expansion Project.** We need \$1.5 million to complete Phase II and \$1.8 million to complete Phase III.

I'd like to pledge \$ _____ over a 3-year period: monthly yearly

I'd like to donate \$ _____

___ **Tuition Assistance Fund.** Every year, many families are helped with the cost of Christian education so they are able to provide a Christ-centered education for their children.

I'd like to donate \$ _____

___ **Endowment Fund.** The goal of the Endowment Fund is to "ensure Christian education for generations to come." I'd like to donate \$ _____

___ **Alumni Contributor.** Your donations keep LCS alumni connected via newsletters, our website, and reunion planning assistance. I'd like to donate \$ _____