

Member FDIC



## FOUNDATION DONATION ELECTION FORM

*The LSB Foundation exists to continue the charitable giving tradition that has defined Lincoln Savings Bank since its founding in 1902. This foundation will be the primary vehicle through which Lincoln Savings Bank will invest in the communities throughout its footprint. It is the number one goal for the foundation to see its efforts result in improved and more economically-viable communities. To that end, we encourage others with aligned philanthropic desires to also support the LSB Foundation's mission.*

Please return this signed and completed form to LSB Foundation- Trust Department (ATTN: Joan Rice). If you wish to make a donation to the LSB Foundation, an amount equal to a \$5.00 minimum bi-monthly donation is required for those choosing to participate via payroll deduction.

Social Security Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I wish to donate \$ \_\_\_\_\_ to the LSB Foundation for year \_\_\_\_\_.

One time donations can occur anytime throughout the year prior to November 15.

I would prefer to make my donation:

Bi-monthly     Quarterly     Semi-Annually     Annually     One Time

\_\_\_\_\_ I am requesting a match for my LSB Foundation charitable contribution. I have selected the following eligible charities for the matching donation:

Charity: \_\_\_\_\_ Amount: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I understand that my donation will be made on a post-tax basis from my paycheck. I understand that I may change or discontinue my donation on a quarterly basis by submitting a new Donation Election Form; any changes to my donation will be reflected in my paycheck following the first day of the subsequent quarter. I understand that I also have the option to make additional donations to the LSB Foundation; these contributions would not be made via payroll deduction. If I have elected a match, I have reviewed the recommended donation list provided by the Foundation and understand that I must designate my donation for a charity from this list for my donation to be eligible. A dollar-for-dollar match will be made, provided all funds allocated for matches by the Board of Trustees have not been depleted. The board of Trustees will designate funds for matching contributions on an annual basis. I understand I must be employed by LSB on 12/31 to qualify for the match.*

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