

# TRIBUTE DONATION



## HONORING

Name(s): \_\_\_\_\_

## SEND ACKNOWLEDGMENT

Name(s): \_\_\_\_\_

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

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

In Memory                       Birthday                       Speedy Recovery                       Other

To Honor                       Anniversary                       Thinking of You

### Message (Optional):

\_\_\_\_\_  
\_\_\_\_\_

## DONOR

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I would like to receive *Chai Lites Lite* newsletter                       Please contact me about a bequest or endowment

## PAYMENT

Amount of Gift: \$ \_\_\_\_\_

Visa/MasterCard (*Suggested \$20 minimum*):

Name on Credit Card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3-Digit Sec. Code: \_\_\_\_\_

Check/Cash enclosed (*\$5 minimum*)

Check here if you would like this to be a monthly reoccurring charge

### **Please return this completed form with your payment to:**

Kline Galland - Fund Development  
c/o Angela Keophilavong  
7500 Seward Park Ave S.  
Seattle, WA 98118  
(206) 725-8800

*The Kline Galland Center is a 501(c)(3) corporation; tax I.D. #91-1154904.*

*Your contribution is tax-deductible as provided by law. No goods or services were provided for your charitable contribution.*