



## TRIBUTE DONATION

### DONOR

Donor's Name(s): \_\_\_\_\_

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

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

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

I would like to receive Chai Lites newsletter

### TRIBUTE

In Memory       Birthday       Anniversary       Speedy Recovery

To Honor       Thinking of       Other

### Message/Special Instructions (Optional):

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

### RECIPIENT

Recipient's Name(s): \_\_\_\_\_

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

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

### PAYMENT

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

Visa/MasterCard (Suggested \$36 minimum):

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

Card #: \_\_\_\_\_

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

Check/Cash enclosed (\$5 minimum)

### **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.*