

MAIL-IN CONTRIBUTION FORM



DONOR INFORMATION

Donor's Name(s): _____

Additional Donor's Name (if applicable): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

If you would like to donation to a specific campaign, please select from the following (optional):

Barry Schneiderman Memorial Nursing Scholarship (college scholarship for staff's family members)

Arva Gray Scholarship (college scholarship for staff children/grandchildren)

Hospice & Palliative Care Other (specify): _____

If you would like to donate in tribute to/in memory of a loved one, please select from the following:

In Memory Birthday Anniversary Speedy Recovery

To Honor Thinking of You Other: _____

Tribute Name(s): _____

Would you like us to send a note on your behalf alerting your tribute or their family of the donation you have made in their honor?

Yes, I'd like a note to be sent on my behalf No, please do not send a note

Please send a note, but keep my name anonymous

SPECIAL INSTRUCTIONS/MESSAGE: _____

RECIPIENT'S INFORMATION

Recipient's Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

***PLEASE LET US KNOW IF YOU WOULD LIKE TO BE RECOGNIZED FOR THIS DONATION:**

You have permission to use my name on website or printed material

Please keep my gift anonymous for (check one): _____ **only this gift** _____ **indefinitely**

PAYMENT

Amount of Gift: \$ _____

Visa/MasterCard/Amex ONLY (Suggested \$36 minimum):

Name on Credit Card: _____

Card #: _____

Exp. Date: _____ 3-Digit Sec. Code: _____ Billing Zip: _____

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

If you have any changes to your household,
please contact Angela Keophilavong at
AngelaK@KlineGalland.org or (206) 456-9882.