



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 \$20 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.