

Children's Home Society of Washington DONATION FORM

Please print out this form, fill-out, and mail to:

Children's Home Society of Washington is built to support families. Your gift today to Children's Home Society of Washington will help support children and families in our community that need us now more than ever.

Children's Home Society of Washington o P.O. Box 15190 o Seattle, WA 98115

GENERAL INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Day phone: (_____) _____ Evening Phone: (_____) _____

E-mail address: _____

No, please do not send me e-mail updates about CHSW.

Please check if you are interested in the following:

- Becoming a monthly/quarterly donor
- My employer will match my gift; Enclosed is my employer matching gift form
- Naming Children's Home Society of Washington as a beneficiary in my will or personal trust
- Naming Children's Home Society of Washington as a beneficiary of my IRA or other qualified retirement benefits

PAYMENT INFORMATION:

Pledge \$ _____ one time/or payments of \$ _____ per month for _____ months.

Pay by Invoice

Check (please make checks payable to "Children's Home Society of Washington") Credit card

Please charge \$ _____ to my Visa MasterCard Discover American Express

Name on Card: _____

Card #: _____ Expiration Date: _____

Signature: _____

You are making a cash donation that supports the mission of CHSW. Your donation will be used where it is needed most. 100% of your gift is tax-deductible. Our Tax ID # is: 43-2032452.

Thank you for your contribution!

ACKNOWLEDGEMENT:

Please accept my gift in recognition of the following:

Memorial Anniversary Birthday Holiday Other

Person honored: _____

Please send an acknowledgement card to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____