

EVERGREEN HEALTHCARE FOUNDATION

Donation Form

I wish to make a gift of \$ _____ to Evergreen Healthcare Foundation.

DONOR INFORMATION

Name:		
Address:		
City:	State:	ZIP:
Phone Number:	E-mail:	

PLEASE DIRECT TO:

<input type="checkbox"/> The Evergreen Fund (the Greatest Need)	<input type="checkbox"/> Evergreen Hospice Services
<input type="checkbox"/> Other:	

This Gift is <input type="checkbox"/> in memory of <input type="checkbox"/> in honor of:
<i>Please notify:</i>
Name:
Address:

PAYMENT METHOD

<input type="checkbox"/> Cash/Check (Please make check payable to Evergreen Healthcare Foundation)		
<input type="checkbox"/> Credit Card	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard
Account #	Expiration Date:	
Name on card:	Signature:	

DONOR RECOGNITION

Please list my name as:
<input type="checkbox"/> I wish to remain anonymous

ADDITIONAL INFORMATION

<input type="checkbox"/> My employer will match my gift. Enclosed is the matching gift form.
<input type="checkbox"/> I am interested in including the Foundation in my will. Please send me information about bequests.

Please fax this form to **425.899.1904** or mail to: **Evergreen Healthcare Foundation**
12040 NE 128th Street, MS-5
Kirkland, WA 98034

Questions? Please call 425.899.1900 or e-mail foundation@evergreenhealthcare.org

