

Donor(s) Information (please print or type)

Name(s)			
Address			
City			
State		ZIP Code	
Telephone			
E-Mail			

Tribute Information

This gift is IN HONOR or IN MEMORY of: _____

Please send an acknowledgement card of this tribute gift to:

Name: _____

Address: _____ City: _____ State: _____ Zip _____

Donor Relationship to honoree: _____

Payment Information

Gift Amount					
Credit card type	Visa	MasterCard	American-Express	Express	Discover
Credit card number					
Expiration date					
Name on card					

Please make checks payable to:

EvergreenHealth Foundation
 12040 NE 128th Street, MS #5
 Kirkland, WA 98034

- My employer will match my gift.
 Matching gift forms enclosed.

Please Direct My Gift to

- Evergreen Fund (area of greatest need)
- Cancer Services
- Hospice Care
- Other (please specify): _____

Donor Recognition

Donor name as you would like it to appear on recognition materials:

- I (we) wish to have our gift remain anonymous.

*The EvergreenHealth Foundation is a 501c3 non-profit organization; tax ID number: 91-1519430.
 All donations are tax deductible to the full extent allowed by law.
 P: 425-899-1900 F: 425-899-1904 Email: foundation@evergreenhealth.com*