



*Your gift today will ensure that seniors and people with disabilities have the resources they need to live with independence, dignity and hope. Thank you!*

Please complete this form and mail to:  
**Senior Services of Snohomish County**  
**Attn: Development Department**  
**8225 44<sup>th</sup> Ave W, Suite O**  
**Mukilteo, WA 98275-2811**

Or send the completed form by confidential fax to:  
**Senior Services of Snohomish County**  
**Attn: Development Department**  
**425.355.6875**

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| <p><b>Donation</b></p> <p>I would like to donate: \$ _____</p> <p><input type="checkbox"/> I would like to make this a one-time donation.<br/> <input type="checkbox"/> I would like to make this a recurring donation.</p> <p><input type="checkbox"/> Monthly<br/> <input type="checkbox"/> Quarterly<br/> <input type="checkbox"/> Annually</p> <p>I would like my gift to fund:</p> <p><input type="checkbox"/> Greatest Need<br/> <input type="checkbox"/> Nutrition/Meals on Wheels<br/> <input type="checkbox"/> Housing<br/> <input type="checkbox"/> Transportation<br/> <input type="checkbox"/> Senior Focus Newspaper<br/> <input type="checkbox"/> Other _____</p> | <p><b>Dedication</b></p> <p>I would like to make this gift<br/> <input type="checkbox"/> On behalf of <input type="checkbox"/> In honor of <input type="checkbox"/> In memory of</p> <p>_____</p> <p>Name</p> <p>Please send a dedication acknowledgement to:</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City, State and Zipcode</p> |
| <p><b>Contact Information</b></p> <p>_____</p> <p>Name*</p> <p>_____</p> <p>Address*</p> <p>_____</p> <p>City, State and Zipcode*</p> <p>_____</p> <p>Email</p> <p>_____</p> <p>Phone* (if we have questions)</p>   | <p><b>Billing Information</b> (if different)</p> <p>_____</p> <p>Name*</p> <p>_____</p> <p>Address*</p> <p>_____</p> <p>City, State and Zipcode*</p> <p>_____</p> <p>Email</p> <p>_____</p> <p>Phone* (if we have questions)</p>   |
| <p><b>Payment Information</b></p> <p>I would like to pay by:</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check (#____) <input type="checkbox"/> Credit Card</p> <p>Credit Card:*</p> <p><input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover</p> <p>_____</p> <p>Name on Credit Card*</p> <p>_____ / _____</p> <p>Card Number* <span style="float: right;">Expiration Date*</span></p>   |  |