



NORTHWEST SCHOOL FOR HEARING-IMPAIRED CHILDREN

PO Box 31325; Seattle WA 98103 (206) 364-4605

DONATION FORM

Yes, I would like to support the high quality education for the children at Northwest School for Hearing-Impaired Children!

Name: _____

Address: _____

City: _____ State: ____ Zip _____

Phone number: (____) _____

FOUNDERS' CLUB:

- Friend \$100
- Supporting \$250
- Sponsor \$500
- Patron \$1,000
- Benefactor \$2,500
- Angel (Above \$2,500) Amount: \$_____

OTHER GIFTS:

Amount not listed above \$_____

Donation of \$_____ in Memory of _____

Please send acknowledgement to:

Name: _____

Address: _____

City: _____ State ____ Zip _____

Please keep amount confidential.

Donation of \$_____ in Honor of _____

MONTHLY PLEDGE

I would like to contribute \$_____ per month.

Please charge my Visa Mastercard

Name on Account _____ Account Number _____

Verification code: _____ (3 digits on back of card) Expiration date _____

I prefer to mail in my check each month. This month's check is enclosed.

Thank you for helping our school. We are very grateful.