



Northwest School for Deaf and Hard-of-Hearing Children
P.O. Box 33666, Shoreline, WA 98133
(206) 364-4605

DONATION FORM

Yes, I would like to support NWSDHH's high quality programs for deaf and hard-of-hearing children!

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (____) _____

Gift Amount: \$ _____

GIFT FREQUENCY:

Monthly

One-time

Please charge my Visa Mastercard American Express

Name as it appears on the card: _____

Card Number: _____

CVV/Card Verification #: _____

Expiration date _____

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

GIFT DEDICATION:

In Memory of _____

In Honor of _____

Please send acknowledgement to:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

We are very grateful for your support of NWSDHH!