Yes, I would like to make a difference in our community with this donation.

$_____ _____

Memorial Gift Amount — In Memory of (Name)

_____ _____

Contributor's First Name — Contributor's Last Name

_____

Address

_____

City, State, Zip

_____ _____

Email — Phone

Send memorial gift acknowledgment to:

_____ _____

Recipient's First Name — Recipient's Last Name

_____

Address

_____

City, State, Zip

_____ _____

Email — Phone

☐ Enclosed is a check payable to Assistance League of Everett

☐ Please charge my credit card

☐ Visa ☐ Mastercard

_____ _____ _____

Credit Card Number — Expiration Date — 3-Digit Security Code

_____

Signature

☐ My employer will match my gift. The matching form is enclosed

☐ Please do not list my name or the memorial name in Assistance League publications

Mail this form and payment to:

Assistance League of Everett
5107 Evergreen Way
Everett, WA 98203

THANK YOU!

Assistance League of Everett is an all-volunteer, nonprofit 501©)(3) organization.
All donations are tax deductible within the limits of the law. Tax ID# 91-6069747