

Yes! I want to help by donating \$ _____

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

email _____

PAYMENT OPTIONS:

- Enclosed is my check payable to DNDA in full
- I choose to pledge over 1 year as follows (gifts over \$500):
____ Mo pymts ____ 4 Qly pymts ____ 2 semi-annual pymts

Does your EMPLOYER MATCH gifts?

Company Name _____

Please enclose your employer's matching gift form.

- Please charge my:
____ VISA ____ Mastercard ____ AMEX
____ Charge full amount now
____ Mo pymts ____ 4 Qly pymts
____ 2 semi-annual pymts

Name on Card: _____

Card No.: _____

Expiration Date: _____

Cardholder's Signature: _____

X _____

Donations are tax-deductible to the extent allowed by law. DNDA is a 501(c)(3) organization. Tax ID#91-1741016.

Detach and mail this form with your gift to: DNDA, 5411 Delridge Way SW, Seattle, WA 98106

Visit our Web Site! www.DNDA.org

**CONTRIBUTION
FORM** ~ Every gift
makes a difference.
Your gift will help
support *all* of DNDA's
efforts to meet the
needs of this
community.



**If you need assistance with
your gift, please call Gina
Hall at 206-923-0917 ext 122**