

Thank you for making your gift!



FOUNDATION

Donor Information

Name/Organization: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Home Work Cell _____

Email: _____

This is a personal gift corporate gift estate gift

Organization Contact Name: _____ Job Title: _____

(Complete only if Donor Name is a Corporation, Organization, or Foundation)

I would like to make a gift at the following level

\$25 \$50 \$100 \$250 \$500 \$1,000 \$2,000 \$5,000 Other \$ _____

Enclosed is my check/cash donation of \$ _____. *(Please make checks payable to CHAS Health Foundation)*

Please charge my credit card: American Express Discover Master Visa

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

I would like to support the following

- | | |
|--|--|
| <input type="checkbox"/> Greatest Need | <input type="checkbox"/> Rural Community Support |
| <input type="checkbox"/> Community Health Programs | <input type="checkbox"/> Cheney Support <input type="checkbox"/> Deer Park Support |
| <input type="checkbox"/> Patient Support | <input type="checkbox"/> LC Valley Support <input type="checkbox"/> Latah Support |
| <input type="checkbox"/> Children's Health | |

My gift is in honor of in memory of

Name: _____

Please send notification to *(gift amount will not be included)*:

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Return completed form to:

CHAS Health Foundation

731 N. Iron Bridge Way, Spokane, WA 99202

If you have any questions, please contact:

Kasey Webster, Foundation Director

kwebster@chas.org or 509.444.8888