

Cash Donation Form

Enclosed is my tax-deductible	gift of \$	The gift should be
credited to: (Check one or ide		
	larship Endowm	ent Fund
Ope		
	si-restricted gift	
· · · · · · · · · · · · · · · · ·	_	esignated in writing by the donor.
Please make a statement of you	r intention for thi	s girt:
•		ship, please state the scholarship nt or VP Development.
Checks	nay be made to l	JWF and mailed to:
	-	ownsend, WA 98368.
Your Name		
Address		
Telephone	Alterna	ate Phone
Email		
	I wish for	r my gift to be given anonymously.
If your gift is given in honor of a	a person or as a m	emorial:
Name of person to be honored_		
Name of person in memory of_		
Tribute Card donations wil	l be credited to th	e Scholarship Endowment Fund.
A Tril	oute Card should	be sent to:
Name		
Address		
Email		

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