



WASHBURN
CENTER FOR CHILDREN

Donation Form

Thank you for supporting children with social, emotional and behavioral problems.
Please complete this form in its entirety.

Name(s): _____
(As you would like to be acknowledged and listed in Washburn publications)

I (we) would like to remain anonymous

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I would like to make: a one time gift a monthly recurring gift (by credit card only)

If you would like to make a recurring gift, please fill out the credit card information below and indicate the date you would like your card charged every month. A one time tax statement will be sent to you at the end of the calendar year.

Donation Amount:

Your gift of ANY amount is deeply appreciated!

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

Payment Information:

Check (payable to Washburn Center for Children)

OR

Credit Card: Visa or MasterCard

Card Number _____ Expiration Date _____ 3 digit security code _____

Cardholder's Name (as it appears on the card) _____

Signature (required for credit card gifts) _____

Please note if you would like this donation to be a tribute gift.

This gift is in honor of OR in memory of:

Name: _____

Please notify: Name _____

Address _____

City, State, Zip _____

Please note if your company has a matching gift program.

My company will match my gift and I have included the company's matching gift form.

Name of company: _____