

**Please complete the following form:**

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 \_\_\_\_\_

Please tell us how you would like to support Washburn Child Guidance Center:

\$1000  \$500  \$250  \$100  \$50  \$20  Other \_\_\_\_\_

**Payment Information:**

My check is enclosed (payable to Washburn Child Guidance Center)

Please charge this gift to my credit card:  Visa  MasterCard

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

Signature \_\_\_\_\_

This gift is in honor of  in memory of

Name of honoree: \_\_\_\_\_

Please notify (provide name and address) \_\_\_\_\_

My company will match my gift. Name of company \_\_\_\_\_

Please contact me about paying my gift with stock.

**Please mail this form to:**

Washburn Child Guidance Center

2430 Nicollet Avenue South

Minneapolis, MN 55404

[www.washburn.org](http://www.washburn.org)

612-871-1454