

Washburn Center for Children Donation Form

Please complete the following:

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:

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

Your gift of ANY amount is deeply appreciated!

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) _____

If you would like this gift to be a tribute:

This gift is in (please circle one) honor of or in memory of:

Name: _____

Please notify: Name _____

Address _____

City, ST Zip _____

My company will match my gift. Name of company (please include matching gift form)

Please mail this form to: Washburn Center for Children, Attn: Development Office, 2430 Nicollet Ave. S., Minneapolis, MN 55404

For more information, please visit our website at www.washburn.org or call 612-872-3357