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Please accept my tax-deductible donation to support services and programs at Skagit Regional Health. Enclosed is my gift of \$ _____. I would like my donation to support the _____ Fund.

Donation by check. Please mail completed form with check to:

Skagit Regional Health Foundation
Attn: Linda Frizzell
P.O. Box 1376
Mount Vernon WA 98273

Donation by credit card. Please call 360-428-2140.

Donor Information

Donor Name: _____

Email Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Donation in honor of: _____

Donation in memory of: _____

Please notify: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Does your employer have a matching gift program? Yes ____ No ____

Who is your employer? _____

Are you interested in information about how to make a planned gift? Yes ____ No ____

THANK YOU FOR YOUR DONATION TO THE SKAGIT REGIONAL HEALTH FOUNDATION!