

A Visionary Gift

To make a donation to CSBPS a Visionary Gift in honor of someone else, please complete this form and mail it to: **CSBPS, 9709 Third Ave. NE, #100, Seattle, WA 98115. Be sure to enclose your check or credit card number. Please make checks payable to CSBPS. All gifts are tax-deductible.**

- Send gift announcement to recipient at address below
 Send gift announcement to me at the address below

Please indicate type of gift: (pick one)

- Graduation Wedding Hanukkah
 Christmas Birthday Mother's Day
 Father's Day Anniversary
 In Honor Of Name: _____
 New Baby Name: _____
 In Memory of Name: _____
Other: _____

Please use my gift for: (pick one)

- Where Most Needed Client Care Fund

TO: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

FROM: Name: _____

Address: _____

City: _____ State: _____ Zip: _____

PLEASE INDICATE:

Enclosed is my check for \$ _____

Please charge my gift of \$ _____

Visa/Mastercard No. _____

Expiration Date _____

Signature _____

Phone Number _____