



# Pledge Form

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(City/State/Zip)

Contribution: \$ \_\_\_\_\_

Payment: Check # \_\_\_\_\_

Designated Charity	Amt
<input type="checkbox"/> Cystic Fibrosis	_____
<input type="checkbox"/> Make-A-Wish Foundation	_____
<input type="checkbox"/> Ronald McDonald House	_____
<input type="checkbox"/> Children's Hospital	_____
<input type="checkbox"/> Fred Hutch	_____
<input type="checkbox"/> Susan G. Komen	_____
<input type="checkbox"/> Lupus Foundation	_____
<input type="checkbox"/> Crohn's & Colitis Foundation	_____
<input type="checkbox"/> _____	_____
<input type="checkbox"/> _____	_____
<i>(see web site for other options)</i>	
<b>Total</b>	<b>\$ _____</b>

EIN: 20-1868301

*Donations are tax deductible. A 501(c)(3) charitable foundation.  
A statement will be sent to you for tax purposes, documenting your generous contribution.*



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