



**Donation Form**

**Donor Information (please print clearly)**

Name:	
Address:	
City, ST & Zip Code:	
Email:	
Phone:	
Company Name:	
Is this donation from the company you listed?	<input type="checkbox"/> yes <input type="checkbox"/> no
Donation Amount:	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$750 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> Other \$ _____

**Participant Information\* (who are you donating to?)**

*\*required in order for participant to receive credit for this donation*

Participant's Name:	
Participant's Team Name (if applicable or known):	

**Billing Information**

<input type="checkbox"/> <b>Check</b> (please make check payable to Good Samaritan Foundation): # _____
<input type="checkbox"/> <b>Visa</b> <input type="checkbox"/> <b>MasterCard</b> <input type="checkbox"/> <b>Discover</b> <input type="checkbox"/> <b>American Express</b> <input type="checkbox"/> <b>Cash</b> <input type="checkbox"/> <b>CC Swiper</b>
<b>Credit Card #</b> (last 4 digits if Swiper is used): _____
<b>Expiration Date:</b> ____/____
<b>Billing Address</b> (if different than above): _____
<input type="checkbox"/> <b>Yes, I would like a receipt mailed to me.</b>

**Send completed forms with payment to:**

Good Samaritan Foundation | PO Box 5296 | MS: 1313-3-FND | Tacoma, WA 98415

P 253-403-2275 | F 253-403-1534 | comewalkwithme5k.org

For event-related questions, contact comewalkwithme@multicare.org

Tax ID Number: 91-2004312