



## Washington Osteopathic Foundation Contribution Form

(Please print legibly)

Donor Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Amount of tax-deductible donation \$ \_\_\_\_\_

The WOF Tax-ID number is 23-7115033.

You may make your contribution in memory of a deceased person or in honor of someone living. This will be acknowledged in a future newsletter. If you wish to do so, please indicate below:

My contribution is in memory of \_\_\_\_\_

My contribution is in honor of \_\_\_\_\_

Unless otherwise indicated, donations will be deposited in the general account to support loans, osteopathic training and CME in Washington State.

\_\_\_\_\_ I prefer my donation to go to the Warren Lawless Fund to support CME and Scholarships

\_\_\_\_\_ I prefer my donation to go to the Eugene Imamura Scholarship Fund

\_\_\_\_\_ I prefer my donation to go to the Ursa OMM Fund to support OMM CME & Training

\_\_\_\_\_ I am interested in sponsoring a named scholarship fund. Please contact me.

\_\_\_\_\_ I am interested in supporting WOF through my estate planning. Please contact me.

\_\_\_\_\_ I prefer my donation to go to the WOF Endowment Fund (**Please see instructions below**)

**Please mail all contribution checks to PO BOX 1187, Gig Harbor, WA 98335**

### Authorization to Charge Credit Card

Please charge to the credit card listed below:

Visa  MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ CID Number\* \_\_\_\_\_

Name \_\_\_\_\_

(as it appears on the credit card)

Billing Statement Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\*3 digit number on the back of credit card

**PO Box 1187, Gig Harbor, WA 98335**

**ENDOWMENT FUND CONTRIBUTIONS ONLY:**

You may of course mail your Endowment Fund Contribution check(s) to the PO Box. You also have the option of setting up a monthly automatic payment from your bank. Provided below is the necessary information you will need for setting up automatic monthly payments from your bank account via electronic fund transfers to the **WOF Endowment Fund**

Financial Institution:	BECU
Routing and transit number	325081403
Member (Account) Name	Washington Osteopathic Foundation
Account Number	3612939261
	Endowment Fund