



## THANK YOU FOR SUPPORTING RITECARE SPOKANE

Donor Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

Donate by:  Check: \$ \_\_\_\_\_ [Please make check payable to **RiteCare Spokane**]  
 Credit Card: \$ \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Card Expiration: \_\_\_\_\_  
Card Number: \_\_\_\_\_ \*Security Code: \_\_\_\_\_

**Card Holder's Signature:** \_\_\_\_\_

*\*Look at the signature box on the back of your card. For Visa and Mastercard, you will see the 16-digit credit card number or just the last four digits. This will be followed by a special 3-digit code which is your Card Security Code. For American Express, the 4-digit Card Security code will be printed on the front of your card just above and to the right of your credit card number.*

### My donation is:

In Memory of: \_\_\_\_\_  In Honor of: \_\_\_\_\_

### Please send an acknowledgement card to:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

- Please save the cost of postage and don't send a written thank you.
- I would like my donation to be anonymous.
- Please send information regarding the *RiteCare Spokane Donor Club* program.
- I would like to donate monthly. Please send me a monthly donation form.
- Please send information about charitable bequests and other planned giving opportunities.
- My employer has a matching gift program: *Employer Name/Phone:* \_\_\_\_\_

### Please print this page and mail it with your check or credit card authorization to:

RiteCare Spokane  
1108 W. Riverside Avenue  
Spokane, WA 9920

**Thank you for your support!** RiteCare of Washington is a registered 501(c)3 organization with the United States Internal Revenue Service (Tax ID #91-1239678). Donations are tax deductible as provided by law.