



**DONATION FORM**

Thank you for your generosity and support! 100% of your donation directly supports families in our community battling childhood cancer.

**1) TRIBUTES** – Skip to #2 if your gift is not a tribute

This gift is made ( ) in honor of ( ) in memory of

\_\_\_\_\_

*The Rypien Foundation will send out a personal tribute letter to whomever you designate to let them know they have been remembered in this most meaningful way.*

Please send acknowledgement of this gift to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

**2) DONOR INFORMATION**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**3) DONATION TYPE** - Mark all that apply:

( ) Sign me up for monthly giving at \$ \_\_\_\_\_ # months \_\_\_\_\_ Start date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

( ) I would like to make a one-time gift of \$ \_\_\_\_\_

( ) Enclosed is my check payable to the Rypien Foundation

I prefer to contribute by (select card type): ( ) VISA ( ) Mastercard ( ) American Express ( ) Discover

CARD# \_\_\_\_\_

Exp date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Code: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ Signature \_\_\_\_\_

**Please mail completed form to:**

Rypien Foundation  
999 W. Riverside Avenue, Suite 402  
Spokane, WA 99201

**THANK YOU FOR YOUR GENEROUS SUPPORT!**