



DONATION FORM

Please print and forward the completed form to the Medic One Foundation at 11747 NE 1st Street, Suite 310, Bellevue, WA 98005. If donating by credit card, please visit mediconefoundation.org. **For your protection, do not email this form with financial information.** An acknowledgment letter will be sent to the donor(s) at the address listed on this form. At the same time, a card will be sent to the family of the tribute. If you need assistance, please call the Foundation office at (425) 625-2137.

DATE OF GIFT _____

GIFT AMOUNT \$ _____

PAYMENT

Check, payable to the Medic One Foundation, is enclosed.

Please Charge my: Visa MasterCard AmEx Discover

Card No. _____ Exp. Date _____ CVC Code _____

TO BENEFIT

Greatest Need

Research

Paramedic Training

Equipment

Partnership

Other _____

DONOR

Mr.

Mrs.

Ms.

Mr. & Mrs.

Group

Name _____

Contact Name (if different) _____

Address _____

City, State, Zip _____ Phone _____

This is the billing address for the credit card above.

IF YOU WOULD LIKE TO MAKE A MEMORIAL OR HONOR GIFT, PLEASE COMPLETE THE FOLLOWING.

In Memory of **In Honor of** **Name** _____

Send acknowledgment of gift to (*ex. a family member of the above name person*):

Name _____

Address _____

City, State, Zip _____

THANK YOU FOR YOUR SUPPORT!