

For Guests

Use this form annually to make a contribution and provide information for our records.

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

E-mail address: _____

Individual or Family Contribution?: I _____ \$15 F _____ \$20

Family Names: _____

Newsletter by US Mail?: Y _____ N _____ **If Yes, add \$5 to contribution**

Total Contribution: \$ _____

EMERGENCY CONTACTS (In case treatment needs to be authorized):

NAME	RELATION	PHONE	E-MAIL	MED ALERTS

Send completed form to: Bill Creel, 6549 126th Ave SE Bellevue, Wa 98006