



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.
If you wish to do so, please indicate below:

My contribution is in memory of _____

Or

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 Scholarship Fund

_____ I prefer my donation to go to the Eugene Imamura Scholarship Fund

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

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 / 425-677-3930