

**GIFT DONATION FORM**

**Okanogan Behavioral HealthCare**  
**Attention: Finance Department/Donations**  
**1007 Koala Drive**  
**Omak, Washington 98841**  
**Phone: (509) 826-8409**  
**Fax: (509) 826-8416**

**Print this form and mail or fax to the above address to make a personal donation.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Phone \_\_\_\_\_ HOME WORK OTHER

Gift Amount: \$ \_\_\_\_\_

\_\_\_ CASH

\_\_\_ CHECK (Made Payable to **Okanogan Behavioral Health Care**)

\_\_\_ CREDIT CARD (please fill out the following information)

Card type:      **MASTERCARD**      **VISA**      **DISCOVER**      **AMERICAN EXPRESS**

Card Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name (as it appears on the card—Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Do you have a specific preference for your donation? Please check one of the following boxes

- No Restriction
- Mental Health Program
- Prevention Program
- Developmental Disability Program
- Special Needs Housing
- Other \_\_\_\_\_

***THANK YOU***

***You've made a difference in your community!***

***You will receive a receipt by mail shortly for your gift. You will also receive a yearly donation statement for your records.***