



Yes, I would like to make a difference in our community with this donation.

\$ _____
Donation Amount

First Name Last Name

Address

City, State, Zip

Email Phone

- ☐ Enclosed is a check payable to Luma NW
- ☐ Please charge my credit card
- o Visa o Mastercard

Credit Card Number Expiration Date 3-Digit Security Code

Signature

- ☐ My employer will match my gift. o Please do not list my name or the
memorial name The matching form is enclosed in Luma NW publications

Mail this form and payment to:

Luma NW
5107 Evergreen Way
Everett, WA 98203

THANK YOU!

Luma NW an all-volunteer, nonprofit 501(c)(3) organization. All
donations are tax deductible within the limits of the law. Tax ID#
91-6069747