



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
  - Visa
  - Mastercard

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_

Signature \_\_\_\_\_

- My employer will match my gift.  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©(3) organization. All donations are tax deductible within the limits of the law. Tax ID# 91-6069747