Donation Form

Kitsap County Medical Society

PO BOX 490
Silverdale, WA 98383
O: 360.689.2928
www.kcmedical.org

Name

Business CONTACT INFORMATION

Last Name:	First Name:	Middle Initial	Title (Mr., Ms., Mrs., etc)
Mailing Address			
City		State	Zip

Home/Work	Cell	Fax	Email

Description of Services/Donation/Sponsorship

Amount: $_____

The Kitsap County Medical Society is a 501 c3 organization. Tax ID # 91-2089484

Thank you for your support with the Kitsap County Medical Society and Foundation.

Payment Information

If paying by check please make payable to: Kitsap County Medical Society or complete the credit card information below:

Amount: $ _____.___	
☐VISA ☐MASTERCARD Card No.:	Exp Date: _____/_____/20____
Name on Card:	Signature:

SIGNATURE

I agree to pay the above amount to the KCMS. Please consult with your financial advisor as to the tax deductible benefits with your services rendered

Signature	Date

FOR OFFICE USE ONLY

Payment received by:	Date Received
	Rcvd: _____ Item Number: _____