

Name Bob Smith Phone 234-567-8901
Address 123 Rainy Day St
City Seattle State WA Zip 98202
Email b.smith@random.com
(For email communications from Care Net of Puget Sound only)

Pledge: \$100 \$50 \$25 Other _____
Bill Me Paid Cash Paid Check # 567 Date: June 9, 2025

Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Email _____
(For email communications from Care Net of Puget Sound only)

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