Name <u>Bob Smith</u> Phone <u>234-567-8901</u>	Name Phone
Address 123 Rainy Day St	Address
City <u>Seattle</u> StateWA Zip98202	City State Zip
Email b.smith@random.com (For email communcations from Care Net of Puget Sound only)	Email
Pledge: ◯ \$100 □\$50 □\$25 □Other	Pledge: □\$100 □\$50 □\$25 □Other
□Bill Me □Paid Cash ☑Paid Check # 567 Date: June 9, 2025	□Bill Me □Paid Cash □Paid Check # Date:
Name Phone	Name Phone
Address	Address
City State Zip	City State Zip
Email (For email communcations from Care Net of Puget Sound only)	Email (For email communcations from Care Net of Puget Sound only)
Pledge: □\$100 □\$50 □\$25 □Other	Pledge: □\$100 □\$50 □\$25 □Other
□Bill Me □Paid Cash □Paid Check # Date:	□Bill Me □Paid Cash □Paid Check # Date:
Name	Name
Name Phone	Name Phone
Address	Address
City State Zip	City State Zip
Email (For email communcations from Care Net of Puget Sound only)	Email
Pledge: □\$100 □\$50 □\$25 □Other	Pledge: □\$100 □\$50 □\$25 □Other
□Bill Me □Paid Cash □Paid Check # Date:	□Bill Me □Paid Cash □Paid Check # Date:
Name Phone	Name Phone
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Pledge: □\$100 □\$50 □\$25 □Other	Pledge: □\$100 □\$50 □\$25 □Other
□Bill Me □Paid Cash □Paid Check # Date:	□Bill Me □Paid Cash □Paid Check # Date:
Name Phone	Name Phone
Address	Address
City State Zip	City State Zip
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Pledge: □\$100 □\$50 □\$25 □Other	Pledge: □\$100 □\$50 □\$25 □Other
□Bill Me □Paid Cash □Paid Check # Date:	□Bill Me □Paid Cash □Paid Check # Date:
Name Phone	Name Phone
Address	Address
City State Zip	City State Zip
Email	Email
(For email communcations from Care Net of Puget Sound only)	(For email communcations from Care Net of Puget Sound only)
Pledge: \$\Boxed{100}\$ \$\Boxed{150}\$ \$	Pledge: □\$100 □\$50 □\$25 □Other □Bill Me □Paid Cash □Paid Check # Date: