CASCADE REGIONAL BLOOD SERVICES
1-877-24BLOOD

I would like to donate $_____.
Please designate my gift towards (please check one):

☐ Area of greatest need	☐ ***Blood Donor*** Education Program
☐ Wireless Donor Registration Upgrades	☐ Special Programs
☐ Marrow Donor Program	☐ Unrestricted Fund
☐ Laboratory Equipment & Expansion	☐ Other State-of-the-Art Equipment

[ ] My check is enclosed. (Please make checks payable to **Cascade Regional Blood Services**)

[ ] Please charge my credit card. My information is below.

Name: _____

Address: _____

City: _____ ST: _____ ZIP _____

Phone: _____

Circle Credit Card Type: Visa Master Card

Credit Card Number: _____ Exp. Date _____

Name on card: _____

Cardholder's Signature: _____

☐ This gift is a tribute.

In Memory of: _____

In Honor of: _____

On the Occasion of: _____

Please inform the following individual(s) of this gift:

Name: _____

Address: _____

City _____ ST: _____ ZIP _____

INSTRUCTIONS: Print this page and complete the form. Please send your check (payable to **Cascade Regional Blood Services**) and this form to:

Cascade Regional Blood Services
Development Department
220 South I Street
Tacoma, WA 98405