



WINTER'S FLOWER

A Nonprofit Charitable Organization

Donation Form

Thank you for your donation to Winter's Flower. Please complete this form and mail to Winter's Flower, 581 Lancaster Dr SE #273, Salem, OR 97301

Donation Information

Attached is a donation in the amount of \$ _____ Date: _____

How did you hear about Winter's Flower?

Why are you making a donation at this time?

Select a fund you wish your donation to go to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Iraqi Freedom Vets | <input type="checkbox"/> RET Sessions & Training | <input type="checkbox"/> Career Training |
| <input type="checkbox"/> Abused Women | <input type="checkbox"/> Addictions Recovery | <input type="checkbox"/> Children with Autism |
| <input type="checkbox"/> Disabled Individuals | <input type="checkbox"/> Homeless | <input type="checkbox"/> Prisoner Rehabilitation |
| <input type="checkbox"/> Troubled Teens | <input type="checkbox"/> General Operating Fund | |
| <input type="checkbox"/> Other: _____ (please print) | | |

I wish to restrict this gift to: _____

Donor Information (Please type or print clearly)

Name: _____

Company/Organization: _____

Address: _____

City _____ State _____ Zip/postal code _____

Country _____ Phone _____ Email _____

Honor or Memorial Designation

This gift is (check one) In Memory of: In Honor of:

Name _____

Please notify _____

Address _____

City _____ State _____ Zip/postal code _____

Payment Method

- Certified/Cashier Check
- Money Order (payable to Winter's Flower)

Thank you for your generous tax deductible* contribution.