



# Sydney Coxon Memorial Fund

## DONATION

I would like to make a donation of:

\$\_\_\_\_\_ to the Pink Polka Dots Guild to benefit brain tumor research.

Contact name: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

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### Credit card payment

\_\_ Visa \_\_ Mastercard

Please fax credit card information to:   
Bob LaMantea  
425-293-0341

Card # \_\_\_\_\_

Expiration date \_\_\_\_\_

Signature (required) \_\_\_\_\_

Name on credit card \_\_\_\_\_

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### Check payment

Please mail this form with your payment to:

Pink Polka Dots c/o Bob LaMantea

1910 Merrill Creek Parkway

Everett, WA 98203

**Please make check payable to: Pink Polka Dots**

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Thank you for helping to support pediatric brain tumor research. Your contribution is tax-deductible. Pink Polka Dots Guild is a non-profit 501©(3) organization, and is registered with the state of Washington. Total tax deduction will be based on IRS guidelines.

