



Saving Lives through Organ & Tissue Donation

Living Legacy Foundation
11245 SE 6th St., Ste. 100
Bellevue, WA 98004
Phone: (425)201-6563
Fax: (425)688-7641

PLEASE PRINT INFORMATION CLEARLY

Date: _____

Enclosed is my check in the amount of \$_____ payable to the Living Legacy Foundation.

Contributor Name(s): _____

Address: _____

City/State/Zip: _____

Home phone: _____

E-mail address: _____

TYPE OF CONTRIBUTION (Please choose one)

[] General gift [] Gift in memory of: _____

Send acknowledgement letter to
Name(s): _____

Address: _____

City/State/Zip: _____

[] Gift in honor of: _____

Occasion: _____

Send acknowledgement letter to
Name(s): _____

Address: _____

City/State/Zip: _____

My employer will match my gift. Company Name: _____

My connection to organ, eye, and tissue donation is: _____

Please include any comments on the back of this form