



Mail-in Donation Form

As a prospective donor, I shall be provided information for donation by mail so that I can support Digital Aid Seattle(DAS) missions.

DONOR INFORMATION

Donor Name (First and Last name): _____

Organization Name (if applicable): _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Email: _____

Phone number (optional): _____

PAYMENT OPTIONS

Donation Amount: _____

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I'm enclosing my check made payable to the Digital Aid Seattle

Donation Allocation Acknowledgment

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I understand that my donation will be directed to where it is most needed, supporting all the initiatives of Digital Aid Seattle.

Your questions and feedback are very important to us. Please feel free to contact us at info@digitalaidseattle.org Thank you for your support.

Please mail this completed form to: Digital Aid Seattle, 107 Spring St, Seattle, WA 98104