

JOIN *Children's Village*

200 BELIEVERS
@ \$5,000
= \$1 Million



WE BELIEVE
200



- ★ **Help Raise \$1 Million**
- ★ **Be a Host or Donor**

“We Believe 200” is a dedicated group of philanthropists committed to helping expand Children’s Village.

Become one of the We Believe 200 and help reach the goal of **\$1 Million** by banding together 200 gifts of \$5,000.

memfound.org



WE BELIEVE 200

“We Believe 200” is a group of individuals and organizations committing a one- to five-year pledge of \$5,000 and/or hosting a “Party With a Purpose” for the Children’s Village Expansion Campaign. *Help us expand critical health care for children with special needs by becoming:*

- **A “Party With a Purpose” Home Host**
Invite your friends, family, and/or business associates to learn how they can support the campaign. As a host you will receive:
 - Catering support for up to 20 people from a pre-selected menu
 - Invitations, a campaign representative, and support materials
- AND/OR-**
- **A donor committing a one- to five-year pledge of \$5,000 or more.** Monthly or quarterly payments are flexible and can be made for as little as \$83 a month for 5 years.

Name _____

Phone _____

Email _____

Yes, I wish to (check one or both):

Be a host for a party Be a donor

MAIL OR FAX THIS FORM TO:

Marci Cates, The Memorial Foundation
2701 Tieton Drive, Yakima, WA 98902
Fax: (509) 576-5772 • Phone: (509) 576-5794
Email: give@memfound.org
Donate: www.memfound.org

Party With a Purpose Host Form Fundraising Goal: \$25,000 (5 couples @ \$5,000)

Date of Party _____ Time _____ Projected # of Guests _____

Party Theme (check one): Breakfast Lunch Cocktail Reception (host provides beverages)

Name of Host(s) _____

Address _____

Telephone _____ Email _____

Party Location (if different from above): _____

Address _____

Telephone _____

INVITATION LIST:

1. _____ 6. _____

2. _____ 7. _____

3. _____ 8. _____

4. _____ 9. _____

5. _____ 10. _____

Thank you for hosting a party for the Children’s Village Expansion Campaign!

Please share additional information about your party:

Donation Form

I/We _____ Pledge \$ _____ Other: \$ _____

PRINT NAME(S)

The first payment will be made on _____/_____/_____, then: Quarterly Monthly Other

Check enclosed. Please make checks payable to The Memorial Foundation, 2701 Tieton Dr. Yakima, WA 98902

Use my VISA MasterCard Discover CC # _____

Exp. Date _____ Security Code: _____ Signature: _____

Phone: _____ Business Name: _____

Address: _____

I/We would like to be recognized for my/our gift as follows: _____

- The Memorial Foundation may include the amount of my/our gift to encourage the generosity of others.
- Anonymous—I/We do not wish to have public recognition of my/our gift.