



Donation Form

Send to: Guardian Institute, PO Box 610, Sequim, WA 98382
Scan & Email: info@bridgebldrs.com • Fax: (360) 683-8334

Name _____

Address _____

Phone _____ Email _____

I would like my donation to go toward the following:

- General fund Client ID# _____ Educational programs for guardians
- Legal fees associated with guardianship Web site Scholarship fund for guardians
- Needs of low income clients not covered by Medicaid
- Other _____



Check: Please make your check payable to **The Guardian Institute**

Address: P.O. Box 610, Sequim, WA 98382

Credit Card: Visa Mastercard Amount: _____

CC# _____ Security code _____ Exp. date ____/____/____

Name on credit card _____

Signature _____

Billing address _____

Questions? Call (360) 683-8334

Thank you for your support!