

**Sammamish Christian School
& Noah's Ark Preschool**

End of Year Gift

Yes, I want to participate!

Donation Amount \$ _____ My employer matches giving and I will submit the form.

Please charge my Credit Card (Visa/MC) # _____ CID# _____ Exp. Date: _____

Name on card _____

Signature _____

Name _____

Address _____

City, State, ZIP _____

Phone _____ Email _____

Tax ID: 91-2157920

Gifts are tax deductible to the extent allowed by law.

