

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Nighttime Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Donation Amount: \$ \_\_\_\_\_

Donation Method (check one):  Check     Money Order

Please make check or money order payable to: Chloe Clark Memorial Fund

Please mail donation with this form to:

Chloe Clark Memorial Committee

Post Office Box 722

DuPont, Washington 98327

**Thank you for your tax deductible donation!**