

Date:	
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This donation is made by: an individual a business

DONATION INFORMATION

First Name:		Middle Name:		Last Name:	
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Business Name:	
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Address:		City:		State:		ZIP:	
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Phone Number:		Email Address:	
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Gift Amount:	<input type="checkbox"/> \$100 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> Other	\$
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Donation Type:	<input type="checkbox"/> One-Time <input type="checkbox"/> Monthly
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Process my monthly donation on the:	<input type="checkbox"/> 1 st of each month <input type="checkbox"/> 15 th of each month
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I prefer to donate by:	<input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> Check by Mail
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Name on Card:			
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Card Number:		Exp. Date:		CVV:	
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	Please Mail completed Donation Form w/ check addressed to the address below: Abyssinia Beauty School 203 S Second St Renton, WA 98057
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ACKNOWLEDGMENT

- I hereby give permission for Abyssinia Beauty School to process the payment(s) as noted above.
- By checking this box, I declare that the information I've provided is accurate and complete.

Name:		Signature:		Date:	
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ABYSSINIA BEAUTY SCHOOL USE ONLY

Donation Status:	<input type="checkbox"/> Processed <input type="checkbox"/> Pending	If Pending, explain:	
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Admin Name:		Admin Signature:		Date:	
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