



P.O. Box 912, Auburn, WA 98071-0912

Compassion Partner

PAYMENT METHOD

PLEASE COMPLETE ALL INFORMATIONAL FIELDS ON FORM

Please accept my contribution of \$ _____

I pledge \$ _____ per month for 12 months

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Please make checks payable to *GriefWorks*
All contributions are tax deductible

PROGRAM SPONSORSHIP

Adult Grief Talk—6 Week Series
\$1,600 (or \$133/Month)

Kid Talk or Teen Talk—6 Week Series
\$1,350 (or \$112.50/Month)

School or Business Training Workshop
\$600 (or \$50/Month)

Family Huddle
\$250 (One Time Gift)

Crisis Debriefing
\$200 (One Time Gift)

Public Forum Workshop
\$200 (One Time Gift)

Individual Counseling Session
\$150 (One Time Gift)

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