

# Kitsap County Medical Society

## Holiday Sharing Card

### Share the Joy. Support Our Community.

The **KCMS Holiday Sharing Card** is the Medical Society Foundation's primary annual fundraiser, supporting charitable programs right here in Kitsap County. Each December, the card is mailed to approximately **700 KCMS members and business supporters**, with all contributors recognized inside the **Holiday Sharing Card** and in the **KCMS Communiqué**.

**One Donation. Lots of Local Impact.** Your **100% tax-deductible donation** helps support:

- AEDs & lifesaving training in our community and Drowning prevention & water safety
- Holiday wishes for local foster children and Homeless shelters & community outreach
- Medical education scholarships honoring **Erna Streich, Patricia Anderson, and Bob & Jackie Bright**

**And there's a bonus!** Your participation can take the place of sending individual holiday cards to the medical community — **saving you time and money while giving back locally.**

**Donate by November 20th & You Could Win!** Participate by **November 20th** and you'll be entered into our **December 4th raffle drawing** for sporting event tickets, gift baskets, gift certificates, complimentary KCMS advertising & more! **Give locally. Spread some holiday cheer. Make a difference in Kitsap County.**

### Tiered Levels of Support

- |                                                                                                                     |                     |
|---------------------------------------------------------------------------------------------------------------------|---------------------|
| <input type="checkbox"/> <b>SILVER</b> (your name included inside the card)                                         | \$50.00 - \$99.00   |
| <input type="checkbox"/> <b>GOLD</b> (your name included inside the card)                                           | \$100.00 - \$249.00 |
| <input type="checkbox"/> <b>PLATINUM</b> (your name and your business name included inside the card)                | \$250.00 +          |
| <input type="checkbox"/> <b>STAR</b> (your name included inside the card & your business logo included on the back) | \$500.00+           |

Amount of Donation \$ \_\_\_\_\_

Name for inside the card: \_\_\_\_\_

Is your donation in memory of someone? If yes, please provide their name: \_\_\_\_\_

Payment: If paying by check make payable to KCMS Foundation. If paying by credit complete the below:

Name on Card: \_\_\_\_\_ Cell or email: \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp Date: \_\_\_\_\_ SEC Code: \_\_\_\_\_

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