



KING COUNTY ALLIANCE FOR HUMAN SERVICES

Advocating to establish stable, adequate and dedicated funding for community health & human services

2025 Participant Contribution Invoice

Participant contact:

Name	_____
Organization / Affiliation	_____
Address, City, Zip	_____
Email	_____
Phone	_____

Suggested contribution levels:

Contribution Category & Guidelines

- | | |
|--|----|
| <input type="checkbox"/> \$50 – \$500 (organizations with budgets under \$200K) | \$ |
| <input type="checkbox"/> \$500 - \$1,000 (organizations with budgets from \$200-500K) | \$ |
| <input type="checkbox"/> \$1,000 – \$2,000 (organizations with budgets from \$500K-1m) | \$ |
| <input type="checkbox"/> \$2,000 – \$3,000 (organizations with budgets from \$1m-3m) | \$ |
| <input type="checkbox"/> \$3,000 - \$5,000 (organizations with budgets from \$3m-6m) | \$ |
| <input type="checkbox"/> \$5,000 - \$12,000 + (organizations with budgets over \$6m) | \$ |
| <input type="checkbox"/> \$50 - \$12,000 + (contributions from individuals) | \$ |

Please return a copy of this completed invoice with your check made payable to:

Communities in Schools Kent
Memo: King County Alliance for Human Services (or KCAHS)
PO Box 62
Kent, WA 98035
Questions? Please email us at kcahs@kingcountyalliance.com

***Thank you for your contribution toward stable, adequate & dedicated funding
for community health and human services across King County***