

# Greater Eastside Ostomy Support Group

## Annual Donation Form

2021-2022

**GEOSG is open to anyone interested in learning about ostomies, sharing and learning on how to care for yourself or a loved one after surgery and what to expect before surgery. Be sure to visit our website for more information: [www.geosg.org](http://www.geosg.org)**

**New Supporter** (Please mark if this is the first time you have registered and fill in the info below)

**Returning Supporter** (Please mark if there are no changes to your address/email/phone info)

**Ostomate Name:** \_\_\_\_\_ **Spouse/Support Name:** \_\_\_\_\_

***Fill in this section if this is the first time you have registered with GEOSG:***

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Email Address 1:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **Email Address 2:** \_\_\_\_\_

**Ostomy Information**

➤ **Type of Ostomy:**     Ileostomy     Colostomy     Urostomy     Other \_\_\_\_\_

➤ **Stoma Surgery Date:** \_\_\_\_\_

There are no dues required for membership, however the group does have need of funds for expenses; i.e. UOAA ASG dues, Support for the Ostomy Supply Closet, speakers, brochures and website.

If able, GEOSG asks that you make a tax deductible (501(c)3) donation in support of the group  
(Suggested donation \$25.00) Donation receipt available upon request

<b>Donation</b> .....	\$ _____
-----------------------	----------

- Make checks payable to: **GEOSG**
- Return completed form to the next meeting or send to:

**Laurie Cameron**  
**GEOSG Registrar**  
**728 218th Pl. NE**  
**Sammamish, WA 98074**

**For any questions or to receive a tax receipt, email:**  
**[lauriecmrn@aol.com](mailto:lauriecmrn@aol.com)**

*GEOSG members often participate in activities together, but that participation is the choice and responsibility of the individual. GEOSG is neither responsible for, nor does it exercise any control over, these activities.*

For treasurer's use only:

Paid Amount \$ \_\_\_\_\_     cash     check    ck # \_\_\_\_\_    Date: \_\_\_\_\_