



Donation and Pledge Form

Contact Information

Name(s) _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

This gift is intended to support: _____

I would like my gift acknowledge in the following way: _____

Payment Frequency (choose one)

_____ I would like to pay in full today and have included check/credit card information.

_____ I pledge to pay in full amount on _____ (date).

_____ Please send an invoice.

_____ Call me for credit card information.

_____ I will send a check to the address below.

_____ I pledge to pay a monthly installment of \$ _____

Payment Method (choose one)

_____ I have enclosed a check made to Impact NW or will make my payment(s) by check.

_____ I would like my donation to be withdrawn from my bank account:

Routing Number _____ Account Number _____

_____ Please charge my ___ VISA ___ MasterCard ___ Discover

Credit Card Number _____ - _____ - _____ - _____ (____) <security code

Exp. Date ____ - ____ Billing ZIP: _____ Cardholder's Signature _____

Additional Information:

_____ Please see if my employer will match my gift.

Company name: _____

_____ I am interested in learning about becoming a part of the Legacy Society.

_____ Please contact me about becoming more involved in Impact NW.

Please send form to:

Fax: (503) 988-4771

Mail: P.O. Box 33530, Portland, OR 97292-3530