



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: _____
(example: your name, In Honor of, In Recognition of, etc.)

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- ☐ I would like my donation to be withdrawn from my bank account: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