



Mail-in Gift Form

Donor Information

Name: _____

Billing Address: _____

Phone: _____ Email: _____

Gift Information

Amount: \$50 \$100 \$500 \$1,000 Other: \$ _____

Frequency: One-time Monthly **Method:** Check (enclosed) Credit Card

Credit Card Number: _____

Exp: _____ Security Code: _____

Authorized Signature: _____

This gift is anonymous

Gift will be matched: Yes No

Matching Entity Name (company, foundation, etc.) : _____

Match will be administered via:

Check (mailed separately) YourCause Benevity

Other: _____

Tribute Information (Optional)

This gift is in Memory of Honor of: _____

Please send notification of this gift to:

Name: _____

Address: _____

Please make checks payable to:

Pacific Northwest Research Institute
720 Broadway
Seattle, WA 98122

For questions and assistance contact:

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