

## Donor Information (please print or type)

Name: \_\_\_\_\_

Billing address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Gift Information

Donation amount \$ \_\_\_\_\_ to be paid: now monthly quarterly yearly

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Authorized signature: \_\_\_\_\_

Gift will be matched by (company/family/foundation):

\_\_\_\_\_

form enclosed form will be forwarded

## Acknowledgement Information

Donor name as it should be listed: \_\_\_\_\_

This gift is  in memory of  in honor of: \_\_\_\_\_

Please notify these individuals that I (we) have made this gift:

\_\_\_\_\_

I (we) wish to have our gift remain anonymous.

\_\_\_\_\_  
Signature(s) Date

Please make checks, corporate matches, or other gifts payable to:

Pacific Northwest Research Institute  
720 Broadway  
Seattle, WA 98122