



Mail-in Gift Form

Donor Information (please print or type)

Name _____

Billing address _____

City, State, Zip Code _____

Phone 1 | Phone 2 _____

Fax | 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

