

# 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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