

My Tax-Deductible Gift of (select one) is enclosed	payable by L Ca	ash 🔲 Check	:	)**:	
\$1,000 \$750 \$500 \$250 \$\$	100 🗌 \$50 🗀	] \$25	Other \$		
	OR				
I would like to make a pledge in the amount of \$ payable on (date) by:   Check Card					
My Information (*indicates required information):					
Name*:(As it should appear in the Annual Report)					
(As it should appear in the Annual Report)					
Mailing Address*:	C	ty*:	State*:	_ Zip*:	
Credit Card Address**:	C	ity*:	State*:	Zip*:	
**Note: When paying by credit card if your mailing address and th	e address associated v	vith the credit card	l are different pleas	e include both.	
Phone: Email:					
******				•	
**Credit card #*: Expiration date*:			•	,	
Verification #*: (For most cards, the verificati	ion number is a three o	four-digit numbe	r on the back of the	card on the signature panel)	
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Please make my donation. In honor (or memory) of (circle one):					
minorial (at manary) at (and a ana).					
Send acknowledgement to:					
				_	
**********	•••••	******	*****	•	
I would like my gift to remain anonymous:	Yes	☐ No			
I would like to receive the newsletter via email:	Yes	☐ No			
Send form to:					
Noishborlmnost					
NeighborImpact Attn: Suzette Chapman, Director of Development 2303 SW First St					

For more information contact Suzette Chapman at 541.323.6501 or suzettec@neighborimpact.org.

Redmond, Oregon 97756