



DONATION FORM

Thank you for supporting children and youth in our community coping with adversity and trauma.

- This is a personal donation. This donation is on behalf of a corporation/organization.

Name: _____

Organization: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Please add me to your mailing list.

Home/Cell Phone: _____ Work Phone: _____

I would like my/our name to appear as: _____

What prompted this gift (how did you hear about us)? _____

- This donation is anonymous. Exclude me from the annual report.

MATCHING GIFT DONATIONS

My employer matches gifts. Employer name: _____

Matching gift contact: _____

DONATION INFO

This will be a **one-time** or **recurring** donation in the amount of:

- \$5,000 \$2,500 \$1,000 \$500 \$250 \$100 \$50 Other: _____

(Recurring donation will be charged on this day every month: _____)

This donation is to be used for the following purpose(s): _____

This donation is in memory of: _____ honor of: _____

PAYMENT METHOD

Pledge: A check or credit card information will be sent in accordance with the specified timeline.

My check is enclosed, made payable to Morrison Child and Family Services.

Please bill my credit card: Visa MasterCard Discover American Express

Card number: _____ Expiration date: _____ CCV: _____

Signature

Date

A receipt will be mailed to you with the pertinent tax information.
If you have any questions, please contact the Development Department:
11035 NE Sandy Blvd., Portland, OR 97220
(503) 258-4200 development@morrisonkids.org

Thank you for your support!