

DONATION FORM



I would like to become a member of the Founders Circle:

- Dreamer Champion: \$10,000 per year for 5 years
- Dreamer Advocate: \$5,000 per year for 5 years
- Dreamer Supporter: \$1,000 per year for 5 years

Please send completed form to:
2916 NE Alberta St, Suite D
Portland, OR 97211
P: 503-287-7203 F: 503-287-0539

www.ihaveadreamoregon.org
Email: info@ihaveadreamoregon.org

I would like to contribute in other ways:

- Contribute \$ _____ for _____ year(s)
- Make a one-time contribution of \$ _____

Payment

- My check is enclosed, made payable to "I Have a Dream" Oregon
- Please charge my VISA/MC # _____
- Exp. ____ / ____ Signature: _____
- Charge my total (annual) contribution now
- Split total (annual) contribution into 12 automatic monthly charges
- Please contact me about paying my pledge with stock
- Gift in Honor of: _____
- Gift in Memory of: _____
- My company will match my gift. Company Name: _____

We will send reminders to you annually for your pledge unless you request otherwise.

Name: _____
Address: _____
City: _____ St: _____ Zip: _____ Phone: () _____
Email: _____

May we publish your name as a donor? YES NO

If yes, how would you like your name to appear (if different than above)?: _____