



MULTIFAMILY NW

The Association Promoting Quality Rental Housing

Project Care Donation Pledge

Please help us make the 2016 Project Care Drive a success!

Donor Information (please print or type)

Company Name _____

Billing address _____

City, ST Zip Code _____

Phone 1 | Phone 2 _____

Fax | Email _____

Pledge Information

I (we) pledge a total of \$_____ to be paid.

I (we) plan to make this contribution in the form of: ☐ Invoice ☐ Credit Card

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Acknowledgement Information

Please use the following name(s) in any and all acknowledgements: _____

☐ I (we) wish to have our donation remain anonymous.

Signature(s)

Date

Please make checks, corporate matches,
or other gifts payable to: Multifamily NW

Multifamily NW
16083 SW Upper Boones Ferry Road
Suite 105
Tigard, OR 97224