



# 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