

Pledge and Payment

Total Payroll Contribution (per pay period)
 \$ _____ X _____ = \$ _____
(gift amount / pay period) (# pay periods / yr.) (total annual gift)

Cash \$ _____

Check \$ _____

Credit Card \$ _____
 Visa / Mastercard / American Express (circle one)

Credit Card # _____

Exp Date: _____

Please sign and date regardless of your gift type.

Signature _____ Date _____

Donor Information

We use the information you provide only to properly credit your contribution FOR TAX PURPOSES. We will NEVER sell, rent or exchange information about you. Your support means too much to us.

Email _____

Mr./Mrs./Ms. First Name M.I.

Last Name _____

Mailing Address _____


City State Zip Code

Work Phone _____

Home/Mobile Phone _____

EarthShare Oregon

Your gift keeps people healthy, protects places for wildlife, and reduces global warming.



EarthShare Oregon \$ _____
 I want to support 70 environmental organizations working locally and around the world.

AND/OR

Designate to Environmental Group(s)
 I want to designate my donation to the following group(s):

_____ \$ _____
 Environmental Group

_____ \$ _____
 Environmental Group

_____ \$ _____
 Environmental Group


I do NOT want my name forwarded to my selected environmental group(s).

I would like to be recognized for my leadership gift of \$500+.

I will be retiring within a year; contact me at home.
earthshare-oregon.org

United Way of Columbia-Willamette

Thanks to Cornerstone Partners, 100% of your donation supports the community!



Community Impact Fund \$ _____

Community Relief Fund \$ _____

Target My Investment \$ _____ Education
 I want to invest in a specific area. \$ _____ Income
 To learn more about United Way's focus areas, visit: \$ _____ Health
www.unitedway-pdx.org

I would like to designate a gift to the following 501(c)3 non-profit organization (\$50 minimum donation for each non-profit agency). Use a separate sheet for additional designations.

_____ \$ _____

Organization Name Annual Gift Amount

Address _____

City State ZIP Code

Please check this box if you do NOT want your name forwarded to your selected agency or program.

I would like to be recognized for my leadership gift of \$500.