

Master Gardener Foundation of Washington State Pledge Form



MGFWS (7246-5035) Endowment

Donor Information (please print or type)

Name _____

Billing address _____

City, St, Zip Code _____

Home/work Phones _____

Email _____

Pledge Information

I (we) pledge \$_____ now monthly quarterly yearly for a total pledge of \$_____.

We do not retain credit card numbers and reminders will be sent for subsequent payments to reach your total pledge.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card Exp. date | CSV Code _____

Credit card number _____

Authorized signature _____

Gift will be matched by (company/family/foundation) _____

Please make appropriate arrangements on your company's website. You may call the WSU Foundation at 509-335-1688 for assistance.

Acknowledgement Information

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

I (we) wish to have our gift remain anonymous.

Signature(s):

Date:

Please make checks, corporate matches,
(or other) gifts payable to:

WSU Foundation

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c/o CAHARS

P.O. Box 646228 Pullman, WA 99164-6228