

Cascade Policy Institute Donor Form

Mail this form and your credit card information or check, payable to:

Cascade Policy Institute
4850 SW Scholls Ferry Rd.
Suite 103
Portland, OR 97225

RECOMMENDED LEVELS

<input type="checkbox"/> \$50- Introductory	<input type="checkbox"/> \$100- Founder (or \$10 monthly pledge)	<input type="checkbox"/> \$250- Cascade Circle (or \$25 monthly pledge)
<input type="checkbox"/> \$500- Patron (or \$50 monthly pledge)	<input type="checkbox"/> \$1,000- Benefactor (or \$90 monthly pledge)	<input type="checkbox"/> \$2,500- President's Council (or \$215 monthly pledge)
<input type="checkbox"/> Other \$ _____		

(Please circle: Dr., Mr., Mrs., Ms.)

Name _____

Company _____

Title _____

Address _____

City _____ State _____

Zip _____ Fax _____

Home Phone _____ Business Phone _____

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My check to **Cascade Policy Institute** is enclosed.

My company's Matching Gift Form is enclosed.

Monthly Giving- Please charge my credit card \$ _____ monthly by the __5th or __20th day of the month.

Please charge my single gift of \$ _____ to my ___ Visa ___ Mastercard

Signature _____

Card # _____ Exp. Date _____

Please contact me regarding the Cascade Legacy Society and how I can name Cascade in my will.

I have already named Cascade Policy Institute in my will.

Cascade Policy Institute fulfills its mission through generous support of our Sponsors. We neither solicit nor accept government funding. Contributions are **tax-deductible** under Section 501(c)(3) of the Internal Revenue Code.

Questions? Please call us at (503) 242-0900 or visit our website: www.cascadepolicy.org.