

Yes, I support PlayWrite!

DONATION INFORMATION

- _____ \$1,000
- _____ \$500
- _____ \$250
- _____ \$120
- _____ \$75
- _____ \$35
- _____ Other Amount (please fill in)

- _____ I would like to make a one-time gift
- _____ I would like my donation to recur Monthly

YOUR CONTACT INFORMATION

First Name: _____

Last Name: _____

Company: _____

Address: _____

City: _____

State: _____

Province (Foreign) _____

Zip Code: _____

Email: _____

Phone: _____

All charitable contributions are tax deductible. PlayWrite, Inc. is a 501(c)(3), EIN 20-0414784.

BILLING INFORMATION

____ Check (please enclose)

____ Credit or Debit Card (fill in details below)

Payment information:

Card #: _____

Cardholder First Name: _____

Cardholder Last Name: _____

Zipcode: _____

3-digit CVV: _____

You will be charged the amount selected above

DONATION NOTES

Please provide any Honor/Memorial information; acknowledgment requests; anything else you'd like us to know here:

**Please mail this form to:
PlayWrite, Inc.
PO Box 13420
Portland, OR 97213**

**We will send confirmation when payment is being processed.
Thank you!**

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