

Date

Donation Form

Donor Information		Honorarium or Memorial (optional)
Name		In honor of
Address		
City		In memory of
State/Province	Zip/Postal Code	Send notice to:
Phone Number		Name
Email Address		Address
Company		City
My company matches gifts.		State/Province Zip/Postal Code
PAYMENT OPTION	NS	
☐ Check enclosed.		YES! Please sign me up for your monthly email updates.
Please make payab Humanity."	le to "Willamette West Habitat for	
Please charge i	my credit card:	Additional notes:
□ VISA □	MasterCard	_
 Card #	•	
Security Number (3 o	digits on the back of card)	
Expiration (MM-YY	YY)	_
Name as printed on card		Please mail your completed form to:
Please charge	to make this <u>donation monthly</u> . The my credit card on the first of each is notify WWHFH to discontinue.	 Willamette West Habitat for Humanity 5293 NE Elam Young Parkway, #140 Hillsboro, Oregon 97124