



*"Create and support an education program and center that celebrates and encourages
Stewardship of the West Eugene Wetlands using resources and support from our community."*

WEST EUGENE WETLANDS EDUCATION CENTER PLEDGE FORM

phone: (541) 683-6494

email: info@wewetlands.org

fax: (541) 683-6998

DONOR INFORMATION (please type or print)

DATE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Home) _____ (Work) _____

EMAIL _____

PLEDGE INFORMATION

I (we) hereby contribute funding to the West Eugene Wetlands Education Center. I (we) pledge a **total** of \$ _____ enclosed _____ pledged _____.

Please bill me beginning _____ and thereafter monthly quarterly yearly other _____

I (we) wish to have this donation spread over 1 2 3 4 5 year (s) other _____

My gift will be matched by a _____ company/foundation/family.

Form enclosed Form will be forwarded

CONTRIBUTION INFORMATION

Enclosed is a check payable to WREN. Please mail to:

WREN
751 S. Danebo Ave
Eugene, OR 97402

Please charge my

Visa

Discover

MasterCard

American Express

Card number _____ Exp. Date _____ Billing Zip code _____

3 digit verification code on back of card _____ (4 digits on front for AMEX)

Name (as printed on card) _____ Authorizing Signature _____

RECOGNITION (Donors will be recognized in campaign materials unless confidentiality is requested.)

Please use the following name(s) in all acknowledgments:

 I (we) wish to remain anonymous.

I (we) would like information on including the West Eugene Wetlands Education Center in my (our) will.

Signature(s) _____ Date _____