



Vision 2020 Fund Donation Form

I would like to make a contribution of \$ _____ .

If paying by check, please make your check payable to "PTWA Vision 2020 Fund."

Name (as it appears on credit card) _____

Credit Card Type: MC/Visa Exp. Date: _____

Card Number _____

Billing Address: _____

City/State/Zip: _____

Please provide us with the following information:

Home Phone: _____ Work Phone: _____

Email: _____

Donations may be deductible as a business expense. Please consult your tax advisor.

Mail or fax this form with your check or credit card information to:

PTWA Vision 2020 Fund

208 Rogers St NW

Olympia, WA 98502

Fax: 360-352-7298

For more information, email jackiebarry@ptwa.org or call 360-352-7290, ext. 10.

