



Contribution Form

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone _____

Name/s as you wish to appear in Giant Magnet publications

ANNUAL FUND SUPPORT

I wish to contribute to Giant Magnet's Annual Fund as (please check one):

- Gold Level \$2,500+
- Silver Level \$1,000 - \$2,499
- Patron \$500 - \$999
- Sponsor \$250 - \$499
- Contributor \$50 - \$249
- Friend \$1 - \$49

I wish to support Giant Magnet's Annual Fund with a gift of \$ _____.

PAYMENT OPTIONS

Please choose one of the following payment options:

- I am enclosing a check made payable to Giant Magnet.
- I would like to charge my contribution to my credit card.

Credit Card Information:

Card Type (check one): VISA MasterCard

Card #: _____ Exp. Date: _____ Sec. Code: _____
(3 or 4 digits)

Signature: _____ Today's Date: _____

- Please charge the entire amount at once.
- I wish to arrange a payment plan. Please charge my credit card:
 - Semi-Annually Quarterly Monthly
- My employer has a Matching Gift program:
 - I am enclosing the completed form.
 - I will mail the completed form separately.

PLEASE MAIL COMPLETED FORM TO:

Giant Magnet
Attn: Development
305 Harrison St
Seattle, WA 98109

*For further information regarding how you can support Giant Magnet, please contact 206.684.7348 or development@giantmagnet.org. **Thank you for your support!***