



Mail or fax this form to:
PFBC
2214 E. 13th Street
Vancouver, WA 98661

Phone: 360-947-3324
Fax: 360-737-2120

Yes! I'd like to help youth, babies and toddlers achieve success!

Please use my donation to support: (if nothing is selected, your donation will be directed to the general fund)

- Area of Greatest Need
- Birth to Three Program
- Assistive Technology
- Recreation/Sports
- In Memory/Honor of: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Please accept my gift of \$ _____

- Check enclosed
- Please charge my credit card

Please accept installments of \$ _____

- Per quarter
- Per month

- My first installment is enclosed.
- Charge my credit card automatically on the first business day of the month when payment is due.
- Send me a reminder for my first installment to be paid in _____ (month).

Name(s) you would like to appear in PFBC acknowledgements and program listings (for gifts at the \$500 level and above): _____

- Please send me information on will/estate planning.
- I have already included PFBC in my will/estate plan.

Credit Card Information:

- Visa
- MasterCard

Card Number _____ Expiration Date _____

CVV Code _____

Signature _____