

# DONATION FORM



## Donor Information

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First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_\_

## Yes, I want to support the mission of the Mt. Adams Institute

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- \$50 supports Veterans outreach efforts       \$500 camp scholarships
- \$100 supports public lands restoration projects       \$1000 supports a classroom program for students
- \$250 supports wilderness stewardship training       \$2500 supports veterans training events
- Other amount: \_\_\_\_\_

## Other Information

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I would like this to be an on-going donation. Please sign me up for the  monthly  quarterly  annual plan

My gift will be matched by the \_\_\_\_\_ company/foundation/family in the amount of \$ \_\_\_\_\_

My donation is in the form of  check  credit card  cash  property\*  stock\*

\*For property, stock or credit card donations, Mt. Adams Institute staff will contact you.

## Acknowledgement

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Please list my donation to recognize my gift and to inspire others to give. Use the following acknowledgement:

In honor of \_\_\_\_\_  In memory of \_\_\_\_\_

Other \_\_\_\_\_.

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Please make donations payable to: Mt. Adams Institute

2453 HWY 141

Trout Lake, WA 98650

509.395.3469

info@mtadamsinstitute.com