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POLICY CENTER
Improving lives through market solutions

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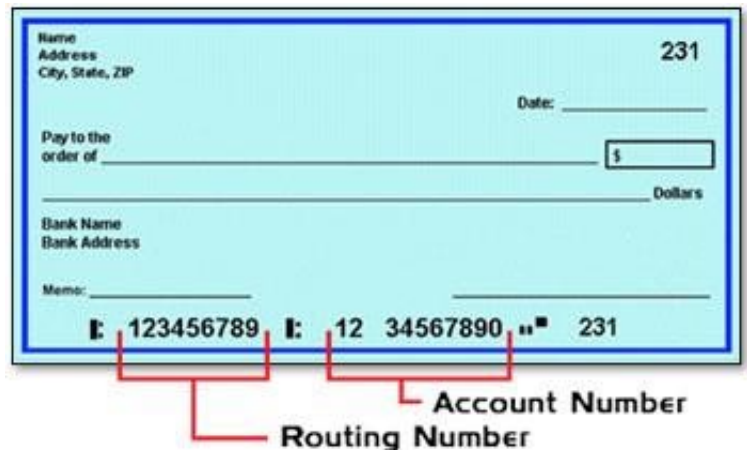
Please make checks payable to Washington Policy Center or provide credit card information:

Charge my: Visa Mastercard AmEx # _____

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To have funds withdrawn from your checking account, please fill in appropriate information below. Here is an example of where those numbers are located on your check:

I (we) hereby authorize Washington Policy Center, to initiate debit entries, and to initiate, if necessary, adjustments for any entries made in error to my (our) account. This authority is to remain in full force and effect until Washington Policy Center has received a written notice of its termination in such time and in such manner as to afford Washington Policy Center and Receiving Financial Institution a reasonable opportunity to act.



- One-time gift
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Account Number: _____

All information you provide is completely confidential and used for Washington Policy Center purposes only. Please send to: PO Box 3643, Seattle, WA 98124; fax 206-624-8038 or visit our secure website [washingtonpolicy.org](http://www.washingtonpolicy.org)
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