

CONTRIBUTION INFORMATION:

Contribution amount: \$ _____ one time gift monthly giving*

**As part of WPC's Monthly Giving Program, accounts will be charged on the 15th of every month. A tax-receipt will be sent at the end of each calendar year.*

ACCOUNT INFORMATION:

Name on account: _____

Account type: Checking Savings Other: _____

Bank name: _____

Bank Routing #: _____

Bank Account #: _____

CONTRIBUTOR INFORMATION:

Individual name: _____

Business name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

For assistance, please contact WPC's Development Director, Sydney Jansen at sjansen@washingtonpolicy.org or (206) 937-9691

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