

THE WILLIAM D. RUCKELSHAUS CENTER

UNIVERSITY OF WASHINGTON

Name(s): _____ Organization: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

I (we) pledge a total of \$ _____ designated to the William D. Ruckelshaus Center Foundation.

This gift is in the form of: _____ Cash _____ Securities _____ Trust/Annuity
_____ Real Estate _____ Other: _____

I (we) intend to honor this commitment with: _____

1. A single payment on (date): _____

2. _____ Monthly _____ Quarterly _____ Semi-Annual _____ Annual

Payment of \$ _____ beginning (date) _____

3. Other arrangements: _____

A matching gift from (company name) _____ will apply to this gift.

Credit Card Number (Visa/MC): _____ Exp. Date: _____

Signature: _____ Date: _____

Please return pledge form to the: William D. Ruckelshaus Center Foundation

520 Pike Street, Suite 1101, Seattle, WA 98101-3916

For additional information or questions contact Megan Riebe at (509) 335-2243

Contributions are tax-deductible as permitted by law