



NORTHWEST ORTHOPAEDIC INSTITUTE
Where Research Meets Community

FRIENDS OF NWOI DONATION FORM

NorthWest Orthopaedic Institute is a 501(c)(3) nonprofit organization. All contributions are tax deductible to the fullest extent of the law.

To donate, please print this form, fill it out, and return it to us by fax or mail.

Phone 253-627-5144 **Fax** 253-627-5619

Mail NorthWest Orthopaedic Institute
PO Box 1878, Tacoma WA 98401

Yes! I will be part of the community-based education and research missions of NWOI by donating at the following level:

- \$20,000 Visionary
- \$10,000 Patron
- \$ 5,000 Benefactor
- \$ 1,000 Sponsor
- \$ 500 Supporter
- \$ 100 Sustainer
- Other: \$ _____

Note that you will be recognized at the donor level of your total annual gifts, based on reaching the minimum amounts shown for each level.

DONOR INFORMATION

Name _____

Organization _____

Address _____

City _____ State _____ Zip _____

Day-Time Phone Number _____ E-mail _____

This donation is from Individual/Family Business/Corporate/Organization

Can we include your name on our annual donor list?

- Yes No, I wish to remain anonymous

METHOD OF DONATION

Check Enclosed \$ _____ (payable to *NorthWest Orthopaedic Institute*)

Credit Card Type Visa Mastercard

Account Number _____ Expiration Date (MM)____/(YYYY) _____

Signature _____

Credit Card Billing Address _____

City _____ State _____ Zip _____ Country _____

FOR TRIBUTE DONATIONS

Amount of tribute will *not* be included in the notification.

Name of person you are honoring _____

Person to receive notification (if different) _____

Recipient's address _____

City _____ State _____ Zip _____

Reason for making this tribute gift _____