

Winter Giving Campaign

Connecting Our Community: Together We Thrive



Name: _____

I am a (please mark all that apply)

NEST Member Friend/Neighbor Family
 NEST Volunteer Sponsor Vendor Other

Count me in as a participant in this year's Winter Giving Campaign! Monthly One-time
 \$25 \$50 \$100 \$250 \$500 Other, _____

I will pay by:

Check payable to NEST (enclosed)
 Please charge my: MasterCard Visa

One-time donation of \$ _____ or \$ _____ monthly

Credit Card Number _____

Expiration Date _____ CVV _____

Name on Card (please print) _____

Address _____ Zip _____

Phone _____ Email _____

Signature _____

Please contact me regarding my gift of securities or other assets.

My company matches gifts Company Name: _____

My gift is in honor/memory of _____

Please mail your completed form to **PO Box 51009, Seattle, WA 98115** or drop off at our office at 7736 24th Ave NE.

For questions contact the NEST Office at 206-525-6378 or info@nestseattle.org