



Market Charm Donation Form

YES! I want to contribute to the Pike Place MarketFront Campaign at the Market Charm Level.

Each Charm is \$180. I would like (# of) _____ Charm(s) for a total donation of \$ _____.

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Email _____

Charm 1: Your Personal Message (additional Charm options listed on the back of this form)

Line 1 _____

(up to 8 characters/spaces)

Line 2 _____

(up to 9 characters/spaces)

Line 3 _____

(up to 8 characters/spaces)

This Charm is in honor or in memory of (name): _____

Please mail gift to (name): _____

(address): _____

Payment Information Check Credit Other

For Debit / Credit Card Payment: Visa MasterCard AMEX Discover

Number _____ Exp. Date _____

One time gift **OR** Please spread my donation over 1 yr. 2 yr.

Please make installments monthly (15th of month coincident or following gift date) quarterly (1st of calendar quarter coincident or following gift date) annually (1st of month immediately following gift date)

Please use the following name(s) in all acknowledgments _____

Please do not publicize my name or gift.

My gift will be matched by _____ Company/Foundation.

*Please check with your employer regarding matching gift request processes.

Donor Signature

_____ Date _____

PLEASE MAKE CHECKS & CORPORATE MATCHES PAYABLE TO: **Pike Place MarketFront Campaign**
Pike Place Market Foundation is a 501(c)3 non-profit organization # 91-1197625

MktFoundation@PikePlaceMarket.org | 206-774-5249 | MarketFront.org



Your Personal Message

Line 1 _____
(up to 8 characters/spaces)

Line 2 _____
(up to 9 characters/spaces)

Line 3 _____
(up to 8 characters/spaces)

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