

Evergreen Public Endowment Funds Contribution

Thank you for helping! Please fill out the following information. Remember, Evergreen Charitable Trust will not share your information with anyone outside of the trust.

Which fund would you like to contribute to? (You can choose more than one fund if you wish.)

- | | | |
|--------------------------|---|----------|
| <input type="checkbox"/> | Family Forest Foundation | \$ _____ |
| <input type="checkbox"/> | Friends of the Salem Senior Center | \$ _____ |
| <input type="checkbox"/> | Salem Outreach Shelter | \$ _____ |
| <input type="checkbox"/> | United Way of the Mid-Willamette Valley | \$ _____ |
| <input type="checkbox"/> | Evergreen Self-Sustaining Fund | \$ _____ |

Total \$ _____

Name: _____

Address: _____

Phone: () _____

Fax: () _____

If donating by credit card, please fill out the following:

I hereby authorize Evergreen Charitable Trust to charge my credit card:

Card number: _____

Expiration date: _____

Amount: \$ _____

Please pick one: One time charge

Monthly charge (If monthly, the charge will apply until canceled.)

Credit card holder name and billing address if different from above:

Name: _____

Address: _____

Signature

Print Name

Date

Thank you!