

Donation Form

Please fill out the following form and return it along with your gift to:

Basel Action Network 206 1st Avenue South, Suite 410 Seattle, WA 98104

Or email to: donate@ban.org

Or go to: <u>ban.org/give</u> and give your gift online	9	
Pledge I pledge to give a gift of \$		
□ one-time, or		
☐ monthly, on the of the month, for \$	\$ per month	
☐ Yes, my employer matches gifts	☐ Please follow up with m	ne about employer matching
Contact Information Name		
Company name		
Address		
Email	Phone	
Payment Method ☐ Check (Payable to Basel Action Network)		
☐ Credit Card (+ 3% processing fee)	□ Visa	☐ MasterCard
Name on card		
Card number		

For any questions, please contact Ashley Knapp at 206.652.5555 x107

Thank you for your generosity!

Expiration date _____ Security code _____