



Donation/Pledge Form

Name(s): _____
(please print as it should appear in our annual report)

Address: _____

City, State and Zip: _____

Telephone: _____ E-mail: _____

- I/we wish to support the Mitchell Institute with a gift of \$ _____
- My employer, _____, has a matching gift program.
(please enclose a matching gift form)
- I am a Mitchell Scholar or Mitchell Alumnus.

Payment Method

- Check enclosed (make payable to the Mitchell Institute)
- Credit Card: (circle one) Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____ CW code: _____

Signature: _____

- Re-occurring gift: I/we wish to make **monthly** or **quarterly** or **yearly** (circle one) gifts. Please charge my credit card \$ _____ each period.
- Pledge: I/we wish to pledge my/our total amount over (circle one) **1** or **2** or **3** years beginning _____ (month) _____ (year).
- Securities: If you wish to make a gift of securities, please call the Development Office at (207) 773-7700.

Please return this form to:
 Mitchell Institute
 75 Washington Ave, Suite 2E
 Portland ME 04101
 Telephone: (207) 773-7700
 Fax: (207) 773-1133
 E-mail: info@mitchellinstitute.org

Comments: _____

