

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

Address: _____

Billing 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. Employer: _____
(please enclose a matching gift form)
- I am a Mitchell Scholar.

Payment Method

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

Card Number: _____

Expiration Date: _____ CVV Code: _____

Signature: _____

- Pledge: I/we wish to pledge my/our total amount over *(circle one)* **one two three** years beginning _____ *(month)* _____ *(year)*.
- Securities: If you wish to make a gift of securities, please call the Mitchell Institute Office at (207) 773-7700.

Please return this form to:

Mitchell Institute
75 Washington Avenue, Suite 2E
Portland ME 04101
Telephone: (207) 773-7700
Fax: (207) 773-1133
E-mail: info@mitchellinstitute.org