



# REGINA GIFT FORM

I would like to support the REGINA Foundation with the enclosed gift:

\$1000    \$500    \$250    \$150

\$100    \$75    \$50    \$25

ANOTHER AMOUNT: \_\_\_\_\_

DONOR NAME: \_\_\_\_\_

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CITY, STATE/PROVINCE, COUNTRY: \_\_\_\_\_

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I do not want my name published on REGINA's annual list of donors.

My cash or check – payable to REGINA FOUNDATION OF OREGON -- is enclosed.

If giving by credit/debit card #: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card Verification #: \_\_\_\_\_ (3 digit number appears on back of card, printed after signature)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

I would like to receive some information about giving someone a gift subscription to REGINA Magazine. Please have someone call me.

I would like to receive some information about beginning a monthly or quarterly automatic transfer of funds from my bank account. Please have someone call me.

**Thank you for your support!**

**REGINA FOUNDATION OF OREGON  
12042 SE Sunnyside Road Suite 486 Clackamas OR 97015**