

Western Washington Fruit Research Foundation

NW Fruit



PLEASE SEND YOUR DONATION ALONG WITH THIS FORM

Enclosed is my gift of:

\$5000 \$1000 \$500 \$100 \$50 \$25 \$_____ Other

(Make check payable to WWFRF)

Please designate my monetary gift toward:

Where it is needed most!

For the Fruit Garden

For project _____
Write in project name

I would like to volunteer!

In the Fruit Garden

On sampling and field days

By doing work that can be done from my home

Name

Address

City

State/Province

Zip/Postal Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Email Address

Phone

Please make my gift: In Honor of: In Memory of:

(Name of person) _____

Address of person or person's family so we can notify them:

Thank you. Please send to:

NW Fruit
C/O Kim Siebert, Recording Secretary
7904 56th DR NE
Marysville, WA 98270