

NEWEC pledge form - Sponsor

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Name: _____ Date: _____

Contact Name if different than above _____

Address: _____

City: _____ State: _____ ZIP: _____

Day phone: _____ E-mail: _____

Total amount: _____

Payment options (select one):

Total enclosed (Checks payable to Northeast Washington Education Council)

Please send me an invoice

May we acknowledge your gift on a published list? Yes No

Gift purpose (select one):

Greatest need _____ Other (specify): _____

(In the unlikely event that these funds cannot be reasonably, efficiently and fully spent where specified, they will be used on a similar EWRSEF project or where the EWRSEF need is the greatest.)

Thank you! Please return this form to:

Northeast Washington Education Council
4202 South Regal Street
Spokane, WA 99223

(509) 789-3508
91-2148164