

## DONATION FORM

Name: \_\_\_\_\_

Organization/Company (Optional): \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

### Payment Information:

(Go to [www.blackpast.org](http://www.blackpast.org) to make a credit card donation.)

**Total Donation Amount\*:** \_\_\_\_\_

Please Check One     Check     Money Order

Any Additional Notes/Specific Donation Use: \_\_\_\_\_  
\_\_\_\_\_

Yes, please add me to the annual list of donors to be published on the website

No, I wish to keep my donation anonymous

Please add me to the Blackpast.org email quarterly newsletter

Make Checks or Money Orders Payable to:

**Blackpast.org Inc.**

Please Mail Payment to:

4616 25th Avenue NE

PMB 222

Seattle, Washington 98105