



Donate to Viva Village

Name(s) _____

Street _____

City _____ State _____ Zip _____

Phone _____ Email _____

MAKE A ONE-TIME DONATION

General Operating Fund

\$25 \$50 \$100 \$250 Other \$ _____

Membership Fee Assistance Fund

\$25 \$50 \$100 \$250 Other \$ _____

Total \$ _____

Check: Payable to "Villages NW fbo Viva Village." Mail with page 1 of this form to the address below.

Credit card: Donate online at vivavillage.org, or call the Viva Village office, 503-746-5082.

MAKE A MONTHLY DONATION

General Operating Fund

\$15 \$25 \$50 \$100 Other \$ _____

Membership Fee Assistance Fund

\$15 \$25 \$50 \$100 Other \$ _____

Total \$ _____

Automatic Bank Transfer (ACH) \$25 minimum. Complete **both pages** of this form and mail with voided check to Viva Village at the address below.

Credit card: Donate online at vivavillage.org, or call the Viva Village office, 503-746-5082.

Signature _____ Date _____

Let us know if your gift is in honor of or in memory of someone special. Include an address if you would like us to notify the person/family you wish to honor.

In Honor of _____

In Memory of _____

Return this completed form to:

Viva Village, 4905 SW Griffith Drive, Suite 104, Beaverton OR 97005

For more information, contact 503-746-5082



Viva Village is a member of the Villages NW nonprofit Hub & Spoke Network.
Villages NW is classified as a 501c3 charitable organization by the IRS, Federal Tax ID 46-4190513.

ACH Authorization Form



I request the Treasurer of Villages NW draw funds directly from my checking account in accordance with the following directions:

Amount: \$ _____ .00

Monthly: _____ on the 2nd day _____ on the 17th day

Funds are to be credited to:

_____ Eastside Village	_____ Rivers East Village	_____ WLLLO Village
_____ Northeast Village PDX	_____ Viva Village	_____ Village at the Falls
_____ North Star Village	_____ Villages-Clark County	_____ Rainy Day Village
_____ River West Village	_____ Village Without Walls	_____ Villages NW (the hub)

The payment(s) are for: _____ donation
_____ membership _____ (type and number of members)

Name: _____ Signature: _____

Email: _____ Telephone: _____

Postal address: _____

Enclose/attach a voided check (not a deposit slip) from the account to be debited and mail to:
Viva Village, 4905 SW Griffith Dr. #104, Beaverton OR 97005. To terminate this service, call Villages NW at 503-515-1948.