

Washington Coalition for Open Government Membership Application

Name: _____

Company: _____

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| <input type="checkbox"/> \$25,000 Heritage Donor | <input type="checkbox"/> \$250 Sunshine Supporter |
| <input type="checkbox"/> \$15,000 Key Award Sponsor | <input type="checkbox"/> \$100 Family Supporter |
| <input type="checkbox"/> \$7,500 Freedom Donor | <input type="checkbox"/> \$75 Friend of WCOG |
| <input type="checkbox"/> \$5,000 Madison Donor | <input type="checkbox"/> \$50 Individual Supporter |
| <input type="checkbox"/> \$2,500 Jefferson Donor | <input type="checkbox"/> \$10 Student Supporter |
| <input type="checkbox"/> \$500 Supporting Donor | |

For a complete list of Membership Benefits, please visit www.washingtoncog.org.

PAYMENT

- To pay by check, please mail registration form to:
Washington Coalition for Open Government
PO Box 2633
Redmond, Wash. 98073-2633
- To pay by credit card, please fax this form to us at (206) 623-4474, or call our office at (206) 782-0393.

Name on card: _____

3-digit Security Code

Card Number: _____

Card Type: VISA MasterCard

Expiration Date: _____ AMEX

Signature Authorization: _____

Billing Address: _____ City: _____ State: _____

Today's Date: _____

For AMEX please use the 4-digit code on the front of the card for the security code.