

## Washington Coalition for Open Government Membership Application

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

Company: \_\_\_\_\_

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

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

- |   |  |
|---|--|
| <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](http://www.washingtoncog.org).

### PAYMENT

- To pay by check, please mail registration form to:  
Washington Coalition for Open Government  
6351 Seaview Avenue NW  
Seattle, WA 98107-2664
- 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.