

**PBY Memorial Foundation  
On Line Giving Form**

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Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Mail your donation and form to:

PBY Memorial Foundation  
PO Box 941  
Oak Harbor, WA 98277-0941

Donation

\$ \_\_\_\_\_ Unrestricted

\$ \_\_\_\_\_ PBY Restoration Fund

\$ \_\_\_\_\_ Capital Improvement  
Plan Fund

The above donation is in Memory of:

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My employer matches charitable gifts.

Employer Name:

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