

TriMet Pass-By-Mail Yearly Option

First name _____ Middle initial _____ Last name _____

Address/apt. # _____ Daytime phone _____

City _____ State _____ Zip _____

Please specify the type and quantity of pass(es) you want to receive each month for a year. Return this form with your payment for the Total Amount Due and we will send you a pass each month for 12 consecutive months.

Input your requested amount and the form will calculate the total for you.

Type of Pass	Quantity	Price (each)	Total
All-Zone	_____	x \$ 946	= \$ _____
2-Zone (Zones 1 & 2)	_____	x \$ 825	= \$ _____
2-Zone (Zones 2 & 3)	_____	x \$ 825	= \$ _____
Honored Citizen*	_____	x \$ 275	= \$ _____
LIFT**	_____	x \$ 600	= \$ _____
	Shipping and handling	+ \$ 18	= \$ _____
Total amount due			= \$ _____

*Honored Citizen fare eligibility: Age 65+ or Medicare or TriMet Honored Citizen. ID required when boarding.

**No shipping and handling charges apply to LIFT passes.

Specify the month for which you want to receive your first pass: _____

Please note: If you want to start receiving passes next month, we need to receive this form with your payment by the 10th of this month.

Method of Payment

<input type="checkbox"/> Check or money order Please enclose a check or money order payable to TriMet for the Total Amount Due, including \$18 for shipping and handling (except for LIFT), for delivery of my pass(es) for the next 12 months.	<input type="checkbox"/> Debit/credit card I authorize my debit/credit card to be charged for the Total Amount Due, including \$18 for shipping and handling (except for LIFT), for delivery of my pass(es) for the next 12 months. I agree to pay the charges indicated above according to the Card Issuer Agreement. Debit/credit cards accepted: <input type="checkbox"/> Visa® <input type="checkbox"/> Mastercard® <input type="checkbox"/> Discover Card® Credit/debit card # _____ Expiration date _____ Name as it appears on card _____ Signature _____ Today's date _____
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Mail this form (along with your payment) to:

TriMet Pass-By-Mail, 710 NE Holladay St., Portland, OR 97232-2168

Or, you can fax this form to us at 503-962-2480 if you're paying with a credit/debit card.

Please do not send cash.