

TriMet Pass-by-Mail Annual Pass 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.

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 (no S&H charge)	_____	x \$ 600	= \$ _____
Shipping & Handling		+ \$ 18	= \$ _____
Total Amount Due			= \$ _____

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

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 I want to receive monthly delivery of the passes indicated above for the next 12 months, and I have enclosed full payment in the form of a check or money order (payable to "TriMet") for the Total Amount Due, including the \$18 shipping and handling fee.	<input type="checkbox"/> Debit/credit card I want to receive monthly delivery of the passes indicated above for the next 12 months, and I authorize my debit/credit card to be charged for the Total Amount Due, including the \$18 shipping and handling fee. Name on card _____ Visa® _____ Mastercard® _____ Discover Card® _____ Expiration date _____ Signature _____
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Mail this form (along with your payment if paying by check or money order) to:

Pass-by-Mail
 TriMet Customer Service
 710 NE Holladay St.
 Portland, OR 97232-2168

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

Please do not send cash.