

I would like to support Oregon CURE and enclose a membership donation in the following amount:

- | | | |
|--------------------------|------------------|------------------|
| <input type="checkbox"/> | \$3.00 | Adult In Custody |
| <input type="checkbox"/> | \$15.00 per year | Individual |
| <input type="checkbox"/> | \$25.00 per year | Family |
| <input type="checkbox"/> | \$50.00 per year | Organization |

Name: _____

Address: _____

Telephone Number: _____

Email Address: _____

(Optional)

Name of Incarcerated Loved One: _____

SID# and Address:
