



PO Box 556  
Canby OR  
97013

### Printable Contribution Form

To (Please Check One) OFF \_\_\_\_\_ OFEF \_\_\_\_\_ OFFPAC \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City / State \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Total Enclosed \_\_\_\_\_

Credit Card Info (if you prefer to donate by credit card)

Credit Card Number : \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Your occupation and employer's city and state are required *for PAC donations exceeding \$100.00 per year. Not required for donations to OFF or OFEF.*

Employer Name \_\_\_\_\_

Employer City and State \_\_\_\_\_