

MAKE A CONTRIBUTION OR PLEDGE

First Name: _____ Last Name: _____

Address: _____

Phone number: _____ email address: _____

CONTRIBUTION: \$25.00 _____ \$50.00 _____ \$75.00 _____ \$100.00 _____ Other \$ _____

PLEDGE: Pledge \$ _____ Paid by date: _____

Visa Master Cd. Am. Express # _____ Exp. Date: _____

Authorization Signature: _____ **Date:** _____

For more information:

Phone: (503) 292-4542, Fax: (503) 291-9260, e-mail: wlsrhs@teleport.com

**Mailing Address: PO Box 4142
Portland, OR 97208**