

I WANT TO JOIN THE ARC!

- | | | |
|---|---|--|
| <input type="checkbox"/> \$10 Self-Advocate | <input type="checkbox"/> \$75 Patron | <input type="checkbox"/> \$1000 Special Benefactor |
| <input type="checkbox"/> \$25 Regular | <input type="checkbox"/> \$100 Agency | <input type="checkbox"/> \$1500 Corporate Partner |
| <input type="checkbox"/> \$35 Family | <input type="checkbox"/> \$500 Benefactor | |

Name _____

Address _____ City/State/Zip _____

Email _____ Phone _____

Employer _____

Occupation _____

Memberships & gifts are tax-deductible to the extent allowed by law. Please make checks payable to:

The Arc of Multnomah Clackamas
619 SW 11th Avenue, Suite 106
Portland, OR 97205

To learn more about The Arc visit thearcmult.org or call 503-223-7279

I/we have a daughter/son/relative with a developmental disability.

Name _____

Age _____

To pay by VISA/Master Card

Card # _____

Expiration Date _____

Signature _____

I would like to volunteer in:

- Fundraising
- Advocacy and mentoring
- Recreational activities
- Board of Directors
- Other _____