

## Yes, I want to support ACLU Foundation of Oregon's efforts to protect freedom!

I would like to make a contribution of:

\$1,000 \$500 \$250 \$100 \$50 \$25 Other \$	
My check is enclosed	
Please charge my credit card:	
Visa MasterCard American Express	Discover
Credit Card #	Exp. Date/
Signature	
Name:	
Address:	
City, State ZIP:	
Please send this form to:	
ACLU Foundation of Oregon PO Box 40585 Portland, OR 97240	