

To mail in your donation please fill out and print the following form:



Donation Amount (Check one):

☐ \$25.00

☐ \$50.00

☐ \$100.00

☐ \$150.00

☐ \$200.00

☐ Other:

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Email:

**Mail completed form to:**

Oregon Paralyzed Veterans of America  
3700 Silverton Rd. NE  
Salem, OR 97305