Compassion & Choices of Oregon

Support. Educate. Advocate. Choice & Care at the End of Life

BECOME A MEMBER

☐ **I want to become a member of the Compassion & Choices Action Network today!**

☐ Individual ($45) ☐ Couple/Dual ($60) ☐ Benefactor ($100)
☐ Individual LIFE ($450) ☐ Couple/Dual LIFE ($600)

Please write membership checks to **Compassion & Choices Action Network.**

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☐ **Please accept my tax-deductible contribution to support Compassion & Choices of Oregon!**
☐ $50 ☐ $100 ☐ $150 ☐ **$**_____

Please write tax-deductible donation checks to **Compassion & Choices of Oregon.**

Please accept my non-deductible contribution to help improve laws!
☐ $50 ☐ $100 ☐ $150 ☐ **$**_____

Please write non-deductible donation checks to **Compassion & Choices Action Network.**

Please charge my: ☐ Visa ☐ MasterCard

Credit Card Number: _____ Exp Date: _____

☐ Please contact me about making a planned gift to Compassion & Choices.
☐ I cannot contribute right now, but please keep me on your mailing list.

_____

Name Email

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Address City, State, Zip

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Daytime phone Evening Phone

Please mail this form and payment to:

Compassion & Choices of Oregon
PO Box 6404
Portland, Oregon 97228-6404