



Set it and Forget it!

Yes! I'd like to make a :

- monthly investment of: \$10 \$15 \$25 Other \$ _____
- one-time donation of \$ _____

Your name _____

Address _____

City _____ St _____ Zip _____

Email _____ Phone _____

CHECKING ACCOUNT

- Voided check enclosed (direct from checking account)
- Donation will occur on the 15th or 30th monthly (circle one)

This authorization is to remain in full force and effect until Parkinson's Resources of Oregon has received written notification from me of its termination in such time as to afford PRO and depository reasonable opportunity to act on it.

Signature _____ Date _____

CREDIT CARD

- Visa MasterCard AMEX

_____ Exp. _____ CID _____

- Contact me as this contribution is honor of someone I'd like notified.
- Contact me about including PRO in my estate plans.
- Contact me about getting more involved.

Your employer may match your charitable contribution. Please contact your HR department for more information. Once completed, please mail this card to:

PARKINSON'S RESOURCES of OREGON
8880 SW Nimbus Avenue, Suite B Beaverton, OR 97008