

I would like to support Oregon CURE and enclose a membership donation in the following amount:

- \$3.00 Prisoner
- \$15/yr Individual
- \$25/yr Family
- \$50 or more Organization

Name: _____

Address: _____

Telephone: _____ Email: _____

(Optional)

Name of Incarcerated Loved one: _____

SID# and Address: _____