REC'D DATE:

PP DATE:

OTHER:

 \sim DATE \sim

	1.O. DOX 0,	, Canton, N 1	13017-0006 313	-300-0133			
GIFT! FROM:							
NAME(S)						•	
HOME	Seasonal						
CITY	STATE	ZIP	CITY		STATE	ZIP	
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Email							
□ \$10.00 *Student	□NEW	□RE	mbership NEWAL □ \$35.00	GIFT	□ \$ <i>45 (</i>	NA Esmily	
*(9-12 grade/enrolled colle	ege)					•	
□ \$25.00 □ \$55.	ts over \$999 autor .00	natically go to E		donor specifies 100.00 (I. Carl Fun	YOUR A	MOUNT	
Endowment			ounds				
Endowment			In Mem		Орегинон		
Other (please spec	ify)			•			
Membership amount	\$	+ Donation	n(s) amount \$_	=	= TOTAL \$_		
☐ Cash (in person) ☐ Check →# ☐ PayPal at www.SLC ☐ Credit Card	(payable to	SLCHA) ATE (NOTE:		TH e: membersh	_	etc.)	
CREDIT CARD NUMBER	V 15a171w			Aulta		TION DATE	
SIGNATURE (if paying by credit card in person)					SECURITY CODE		
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