



**YES! I WANT TO BECOME A
CONTRIBUTOR TO OAAM**

Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone (s) _____

Email _____

I WOULD LIKE TO MAKE THE FOLLOWING CONTRIBUTION:

Student	_____ \$ 15	Senior	_____ \$ 25
Individual	_____ \$ 50	Family	_____ \$ 100
Founding Contributor	_____ \$1,000	Gold Contributor	_____ \$2,500
Platinum Contributor	_____ \$5,000		

To lend additional support, I would like to make a donation in memory of: \$ _____

Name: _____

TOTAL CONTRIBUTION _____ **\$** _____

As a 501(c) (3) nonprofit organization your contribution may be tax deductible. Please consult your tax advisor for the impact on your specific tax situation. Make check payable to OAAM. Mailing address: 117 Commercial Street NE, Suite 210, Salem, OR 97301