

**POSITIVE COMMUNITY ACTION  
Grants Pass, OR**

**Please Return This with Your Donation  
Thank you for your help**

**Donation Information required by the State**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Employer's City/State \_\_\_\_\_

**OPTIONAL INFORMATION**

**Are you interested in supporting the candidates even more? If so indicate below what other ways you might want to participate.**

Email - Forward this email on to a friend with your recommendation.

Volunteer?

Place a Yard sign?

Write letters?

Hold a Coffee?

Will you allow your name to be included in an endorsement ad?

**SIGNATURE REQUIRED**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_