



YOU ARE INVITED TO JOIN FRIENDS OF NCRD

Date _____

Yes, I want to be a **2019 Member** and help support NCRD!

TYsent _____

Annual Membership: Individual \$5____; Family \$10____; Business \$10____

Entered _____

Donation (if added) \$ _____

_____ In honor of _____

_____ In memory of _____

TOTAL AMOUNT: 2019 Membership + Donation = \$ _____

Your total contribution (membership fee + donation) is tax deductible to the extent authorized by law; no goods or services were provided for this donation. 501 (c) (3) #26-3325407

NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIPCODE _____

PHONE _____

EMAIL _____

(Your email will not appear in a mass distribution list nor will it be shared with any other organization.)

YOUR DONATION HELPS TO PROVIDE **SCHOLARSHIPS** FOR CHILDREN AND ADULTS WHO ARE UNABLE TO AFFORD SERVICES AND PROGRAMS AND **THE NEW POOL PROJECT. THANK YOU.**

May we contact you about volunteering for NCRD? _____ Yes _____ No

Return by mail to: Friends of NCRD; PO Box 511; Nehalem, OR 97131 -

or the Welcome Center at NCRD – 36155 9th Street, Nehalem, OR 97131

Website: friendsofnrd.org Membership Chair: gailmyoung@mac.com or 503-368-5248