



## DONATION FORM

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Occupation \_\_\_\_\_

Employer's Name \_\_\_\_\_

Employer's Address: \_\_\_\_\_

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

Email \_\_\_\_\_

*Thank you for supporting our constitutional rights!*

Please mail your donation with this form to:

CCFO  
21201 Bridge Creek Rd. SE  
Silverton, OR 97381