

# Donation Form

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## Contact Information

Company or Organization			
Contact Name			
Street Address			
City			
State		Zip Code	
Work Phone			
E-Mail Address			

## Donation Amount

Please indicate the amount you wish to contribute:

- \$25
- \$50
- \$100
- Other

Donors of \$100 or more will be featured on our website for up to a year, if you provide your logo and your mission is compatible with OIPC's mission. We appreciate all donations. Thank you.

Send check with this form to:

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