



2019-2020 ORAL HULL MEMBERSHIP APPLICATION

Membership in our organization is showing your support for the services and programs we provide to those with blindness and low vision. Your membership will help people maintain independence, despite vision loss. *Thank you!*

Name: _____ Date: _____

Address: _____

Street

City

ST

Zip

Phone: _____ Email Address: _____

__ \$40 membership Check if renewing membership __ \$400 Lifetime

__ \$75 Couple __ \$750 Couple Lifetime

__ \$100 Family (3 or more) __ \$850 Lifetime

__ \$150 Clubs (Service, Fraternal, Social, all Non-Profits) __ \$1000 Lifetime

__ \$200 Businesses __ \$1200 Lifetime

__ Other donation amount \$ _____

Please make check payable to and mail to:

Oral Hull Foundation for the Blind

PO Box 157, Sandy, OR 97055

or pay on line at

www.hullparkfortheblind.org

Phone: 503-668-6195

I am also interested in:

- Remembering Oral Hull in my will/estate
- Volunteering
- Quarterly newsletter
- Renting the Park and facilities information