

## Yes, I want to join the Western Oregon University Retirees Association

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Work Phone ( ) \_\_\_\_\_

E-Mail \_\_\_\_\_

Year Retired \_\_\_\_\_

**PLEASE PROVIDE ME WITH INFORMATION  
ABOUT WILL AND ESTATE PLANNING**

Membership @ \$20 X \_\_\_\_\_ (# of memberships)

Credit Card (Visa or MC only)

Cash/check

Total membership \$ \_\_\_\_\_

I would like to make a contribution to the Student  
Emergency Fund \$ \_\_\_\_\_

**TOTAL AMOUNT \$** \_\_\_\_\_

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Security Code (3 digits on back of card) \_\_\_\_\_

Printed Name \_\_\_\_\_

(As it appears on the card)

**Return this form along with your payment to: WOU Foundation, 345 North Monmouth Avenue,  
Monmouth, OR 97361. If you have any questions, please call 503-838-8281**