# INDIVIDUAL MEMBERSHIP

Our Family Farms is an advocate for family farmers and the protection of traditional crops and seeds through the creation of agricultural zones free of genetically engineered crops. We work to strengthen local communities through education, advocacy, and collaboration.

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**Name** _____

**Mailing Address** _____

**City** _____ **State** _____ **Zip** _____

**Email** _____ **Phone ( ____ )** _____

**O** cell **O** home **O** work

▫ Yes, I want to volunteer ▫ No, I do not want to receive your monthly enewsletters

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**O I want an INDIVIDUAL Membership with my tax deductible donation for:**

**O An ANNUAL membership, with an annual donation of:**

**O** $25 **O** $50 **O** $100 **O** $250 **O** other $ _____

**O** A **SUSTAINING membership, with a monthly donation of:**

**O** $10 **O** $15 **O** $25 **O** $50 **O** other $ _____

**O I just want to support your good work with a tax deductible donation** $_____

Our Family Farms is a 501(c)(3) nonprofit organization
Memberships are tax deductible to the fullest extent of the law

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**Mail completed Form to** Our Family Farms, PO Box 555, Medford, OR 97501

**contact@ourfamilyfarms.org**

**www.OurFamilyFarms.org**

for office use only Rev.20200504

Membership _____
Donation _____
Merchandise _____
Total payment _____

Check // Cash // Charge

Received By _____ Date _____
Entered By _____ Date _____