

Latino Fund of Oregon Partnership Application

Yes! I want to become an LFO Member and receive these benefits!

Individual/Student/Senior Member

Benefits include:

- LFO Membership Lapel Pin
- Quarterly e-mail updates from LFO
- Invitations to LFO Events

Patron/Corporate Level Benefits

include all regular

Member benefits plus:

- Website Mention

Name: _____

Title: _____

Company/Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Membership Categories:

- | | |
|--|---|
| <input type="checkbox"/> Individual Membership: \$50-300 | <input type="checkbox"/> Patron/Corporate Membership: \$500-1,500 |
| <input type="checkbox"/> Senior/Student Membership: \$25 | |

- Please send me information on opportunities for Corporate support of LFO. There are a variety of opportunities for corporate partnerships with LFO.

- Check Enclosed in the amount of \$_____ Please charge \$_____ to my account

- Visa MC # _____ Exp. Date: _____

Signature: _____ Date: _____

I am interested in learning more about the following LFO Priorities:

- | | |
|---|--------------------------|
| <input type="checkbox"/> Education | <input type="checkbox"/> |
| <input type="checkbox"/> Leadership in philanthropy | <input type="checkbox"/> |
| <input type="checkbox"/> Networking | |
| <input type="checkbox"/> I would like to volunteer, please contact me | |

Mail To:

**LFO Membership at
Northwest Health Foundation (NWHF)*
221 Northwest 2nd Avenue
Portland, OR 97209-3961
(503) 220-1955**

*Northwest Health Foundation is a 501(c)(3) nonprofit organization and all contributions are fully tax-deductible. Please keep a copy for your records.