

Remittance Form

		Date:
First Name:	Last Name:	
Address:		
City:	State: Zip Code:_	County:
Phone:		
Email:		Add to email list \Box
Select your payment type:		
Donation:		
Enclosed is my tax-deductible c	lonation of \$	Apply to Giving Tuesday? 🗌
In memory or honor of: Oasis Community of	West Michigan is grateful for y	our support. Thank you!
Membership:		
New:		
Community 🗌 \$45 Partic	ipating 🗆 \$180	
Form Online 🗌 🦳 Attach	ed \Box	
Renewal:		
Community 🗌 \$45 Partici	pating 🗆 \$180	
Training:		
□ \$650		
Community Builder		
🗆 \$64.50 (per month) Particij	oant name:	
Please make check payable to Oasi	s Community of West Mic	higan & mail to:
Oasis Community of West Michig c/o Lynn Surdock 8200 Peachtree Ave. NE Rockford, MI 49341-9303	an	

oasiscommunity.info

Oasis Community of West Michigan is a registered 501(c)(3) charitable organization. All contributions are tax-deductible. No goods or services will be provided in exchange for the contribution.

Oasis Community of West Michigan welcomes and embraces diversity in all forms. We do not discriminate on the basis of race, color, religion, gender, gender expression, age, national origin, disability, marital status, economic status, or sexual orientation in our membership or any of our activities or operations.