

Yes, I would like to contribute to the work of the Ohio Coalition for the Education of Children with Disabilities (OCECD), 165 W. Center St., Ste. 302, Marion, OH 43302.

Enclosed is my check payable to OCECD for: Option A: Individual Membership \$50.00 ____ (or)
Option B: Donation Amount \$ _____

Donation or Membership is not required to receive parent services. Thank you.

Name: _____
Please Print

Address: _____
Street

_____ City State Zip

_____ County Email _____

Phone (____) _____ Cell (____) _____ Fax (____) _____