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: _____________________________________________________________________________
Address: ____________________________________________________________________________
Street

City_________________________ State_________ Zip_________________________

County_________________________ Email___________________________

Phone (____)____________________ Cell (____)___________________ Fax (____)__________________