

YES! I want to become a friend of the school.

Mr. Mrs. Ms.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Company or Organization

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone (optional)

\_\_\_\_\_  
E-mail (optional)

I would like to know more about the school:

- Please send me a comprehensive CTS wishlist
- Please place me on the school's email notification list
- I'd like to receive the school's newsletter at the above address.
- I'd like to receive the school's newsletter by email.

I want to be a supporter of the Community Transitional School. Here's my tax-deductible contribution:

- My check is enclosed
- One time donation on my credit card of \_\_\_\_\_
- Please charge my credit card each month with this amount: \_\_\_\_\_

Visa Mastercard

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's date

Please mail this form to:

Community Transitional School  
6601 NE Killingsworth St.  
Portland, OR 97218