

OHIO REHABILITATION ASSOCIATION DONATION FORM

Please complete the following information for our records and send this form, along with your donation, to the address identified below. Thank you!

DONOR'S INFORMATION	D ATE:	
*REQUIRED INFORMATION		
*Name		☐ Mrs. ☐ Dr.
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*City, State, Zip Occupation and/or Job Title	Home #	
Licensures or Certifications Held DD (Adult Servi	☐ LSW/LISW ☐ RN ☐ LPC/LPCC	
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Are you interested in serving on an ORA Committee?	Yes Not at this time	
If yes, is there a committee* you are interested in		
*Awards, Certification, Conference Planning, Co	- tution & Bylaws, Governmental Affairs, Membership	o, Scholarship
(NEORA), Columbus Area (CORA), and the Da JPD (Job Placement Division) and JTA (Job Tra6. Subscription to ORA's monthly e-newsletter and	state, and national levels. ription to ORA's "Ohio Wires." t the ORA member rate. rs in: Cincinnati/SouthWest Ohio (SWORA), Cleve a Area (DACORA) or interest-focused ORA Division s Association). "Interchange" newsletter. ing students through their involvement with ORA.	
DONATION INFORMATION		AMOUNT
☐ YES, I would like to donate to ORA in the following amount		\$
☐ Check Enclosed (make check payable to OF	for our Credit Card option, please contact V	ickie Leeming
General Questions? Contact Michael Ricke at michaeljricke@gmail.com or at (859)	Please submit your complet along with your payment	
Billing Options? Contact Vickie Leeming, ORA Home Secretary at:	Ohio Rehabilitation Association – Attr 6111 Chaney Drive	

Toledo, OH 43615-1816

ora@bex.net or call (419) 841-8889