

Oregon Chapter

Donation/Membership Form

| | The Defender newsletter - add a language: | French | German | Italian | Spanish | Portuguese | | | |
|----------------|---|-----------------------|-----------------|---------------|------------|---------------------|------------------------|----------------|--|
| | Today's Date | | | | | | | | |
| First Name | | | | Last Name | ė | | | | |
| Email Address | | | | | | | | | |
| W | ould you like to becor Requires minimum | ne a men \$10 dona | nber? ition. | Yes | No | Already a Member | | | |
| Street Address | | | | | | | | | |
| City | | State | | | | | Zip Code | | |
| Country | Phon | ie I a | gree to rece | ive text mess | sages from | CHD. Msg/data r | ates may apply. Opt ot | ut at any time | |

Children's Health Defense® - Oregon Chapter is a 501(c)(3) non-profit organization.

Our mission is to end childhood health epidemics by working aggressively to eliminate harmful exposures, hold those responsible accountable and establish safeguards to prevent future harm. We fight corruption, mass surveillance and censorship that put profits before people as well as advocate for worldwide rights to health freedom and bodily autonomy.