

2016 Schedule OR-DONATE



Office use only

Oregon Charitable Checkoff Donations

Submit original form—do not submit photocopy.

First name and initial	Last name	Social Security number (SSN)
Spouse's first name and initial	Spouse's last name	Spouse's SSN

Instructions: Use this form to donate some or all of your refund to the charities listed below.

Organization name	Charity code number	Amount of refund donated
1 Planned Parenthood of Oregon.....	13	1 .00
2 Oregon Lions Sight & Hearing Foundation.....	14	2 .00
3 Shriners Hospitals for Children.....	15	3 .00
4 Special Olympics Oregon.....	16	4 .00
5 Susan G. Komen	17	5 .00
6 Oregon Military Assistance Program.....	24	6 .00
7 Oregon Historical Society.....	18	7 .00
8 Oregon Food Bank	25	8 .00
9 Albertina Kerr Kid's Crisis Care	26	9 .00
10 American Red Cross.....	27	10 .00
11 Cascade AIDS Project.....	28	11 .00
12 Veterans Suicide Prevention.....	23	12 .00
13 Oregon Nongame Wildlife	19	13 .00
14 Prevent Child Abuse.....	20	14 .00
15 Alzheimer's Disease Research	21	15 .00
16 Stop Domestic and Sexual Violence	22	16 .00
17 Habitat for Humanity	1	17 .00
18 Oregon Head Start Association.....	2	18 .00
19 American Diabetes Association.....	3	19 .00
20 SMART	5	20 .00
21 Oregon Coast Aquarium.....	4	21 .00
22 SOLVE.....	6	22 .00
23 The Nature Conservancy.....	8	23 .00
24 St. Vincent DePaul Society of Oregon.....	7	24 .00
25 Oregon Humane Society	10	25 .00
26 The Salvation Army	11	26 .00
27 Doernbecher Children's Hospital.....	9	27 .00
28 The Oregon Veterans' Home.....	12	28 .00
29 ALS Association	29	29 .00
30 Total charitable checkoff donations. Add lines 1 through 29.....		30 .00

Enter total on line 46 of Form OR-40; line 72 of Form OR-40-N; or line 71 of Form OR-40-P. This amount can't reduce your net refund below zero.