



OAR HOME Monthly/Quarterly Contribution Summary

Bank: _____

OAR HOME Foundation
P.O. Box 351
Salem, OR 97308
503-362-3645

Date Prepared _____

Period Ending _____

Account #	Company/Broker	Interest Rate	Interest Earned	Less Act Chrgs	Amount Remitted

Total \$ _____

Less Service Charges \$ _____

Total Remittance \$ _____

Prepared by: _____

Phone: _____