



## MAIL-IN DONATION FORM

### Donor Information

Donor Names(s) \_\_\_\_\_

Organization Name (For donation on behalf of an organization) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_

Amount (select one): \_\_\_\_\_ \$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$200 \_\_\_\_\_ Other Amount \$ \_\_\_\_\_

### Please Use This Gift to Support

\_\_\_\_\_ Safety Town's greatest needs (e.g. program materials, supplies, equipment, operating costs)

\_\_\_\_\_ Scholarships (the fee for one week of tuition is \$200 per child)

\_\_\_\_\_ In honor of \_\_\_\_\_

\_\_\_\_\_ In memory of \_\_\_\_\_

### Acknowledgement of Donation

\_\_\_\_\_ Please acknowledge this gift on the Safety Town of Santa Barbara County's website  
[www.sbsafetytown.org](http://www.sbsafetytown.org)

\_\_\_\_\_ I would like this gift to remain anonymous.

### Receipt of Contribution

\_\_\_\_\_ Please mail a receipt to the address listed above.

\_\_\_\_\_ Please email a receipt to the email address listed above.

**Please mail your check with this completed form to:**

Safety Town of Santa Barbara County  
P.O. Box 416  
Santa Barbara, CA 93102

*Safety Town of Santa Barbara County is a 501(c)(3) Independent non-profit agency.  
Tax Identification Number: 77-0050093*

