

## MAIL-IN DONATION FORM

## **Donor Information**

Donor Name(s):					
Organization Name (For donation on behalf	f of an orgar	nization) _			
Address:					_
City:	State: _			Zip Code:	_
Phone:	Ema	ail:			
Amount (select one) \$25\$50 _	\$100 _	\$200	\$	Other Amount	
Please Use This Gift To Support Safety Town's greatest needs (e.g. pr Scholarships (the fee for one week is In honor of In memory of	s \$200 per o	child.)		niniature town, equipment, arts a	nd crafts)
Acknowledgement of DonationPlease acknowledge this gift on the www.sbsafetytown.org	Safety Tow	n of Sant	a Barbar	a County's website:	
I would like this gift to remain anony	ymous.				
Receipt of Contribution I would like a receipt sent to the add	dress listed	above.			
Please Mail Donation Form and C	heck To:				

Safety Town of Santa Barbara County

PO Box 416 Santa Barbara, CA. 93102-401