



NEWSLETTER

Support Alliance For Emergency Readiness

CREATING A **SAFER** SANTA ROSA

www.safersantarosa.org

Donor Name _____

Donor Address _____

Donor Phone _____

Delivery Arrangement _____

Donation is Enclosed

Pick up required – Please contact me at (____) _____ from ____AM to ____ PM to arrange a pick up time.

Description of Donation (s)	Quantity	Value
_____	_____	\$_____
_____	_____	\$_____
Total Market Value		\$_____

I would like to make a cash donation to the SAFER Santa Rosa; Enclosed is a tax-deductable donation of \$_____

(Please make check payable to the Safer Santa Rosa)

Thank you for your donation,
Tracie McMahan Harper
Treasurer and Executive Board Member of SAFER Santa Rosa