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| Name | | |
| Do you wish for your donation to remain anonymous? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Are you making your donation in someone's name other than your own? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list the name/s as you would like it to appear in print. _____ | | |
| Address | | |
| City | State | Zip |
| Phone | Fax | |
| Email | | |
| | | |
| Amount of Donation \$ _____ | | |
| | | |
| Payment Method (circle one): Check Enclosed Invoice Me | | |
| Periodically, we would like to recognize our donors in publications, such as newsletters, annual reports, etc. By signing this form, you give the Safety Council permission to print your name as appears on this form, unless you have checked the "wish to remain anonymous" box. | | |

Signature: _____

Date: _____

The St. Joseph Safety and Health Council respects your privacy, and any information submitted will not be sold or used without your explicit approval.

Please complete form and mail, fax, or email to:

St. Joseph Safety and Health Council
 118 S. 5th St.
 St. Joseph, MO 64501
 Fax: (816) 233-8343
 sjsc@stjoesafetycouncil.org

For Office Use Only

Date Received _____

Date Invoice Sent _____