



Building communities
free of domestic violence
and sexual assault

PLEASE PRINT THIS FORM TO MAKE A DONATION
SAFEHOUSE CENTER
4100 Clark Road
Ann Arbor, MI 48105

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I would like to help SafeHouse Center support survivors of domestic violence and sexual assault.

_____ I have enclosed a check for \$ _____, payable to SafeHouse Center

_____ Please charge my gift of \$ _____ to:

VISA MASTERCARD AMEX DISCOVER

Name on Account _____

Account Number _____

Expiration Date _____

Signature _____

_____ My employer will match my gift (please include company's matching gift form)

_____ Donate a gift of stock (call Karla Chapman at 734-973-0242 ext. 221 for more information)

This gift is made in memory of _____

This gift is made in honor of _____

Please send acknowledgement of my gift to:

Name: _____

Address: _____

City: _____ *State:* _____ *Zip:* _____

Thank you for your support! Gifts to SAFEHOUSE CENTER are tax deductible to the extent permitted by law