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 $ _____.

____ I would like to make a monthly credit card pledge of $ _____ for _____ months (for a total donation of _____).

____ I would like to make an ongoing monthly credit card donation of $ _____. Please keep my credit card on file and continue to charge my card monthly.

□ 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