

Feel Safe Again

www.feelsafeagain.org

P.O. Box 188
Everett, MA 02149

Donation Form

I want to help provide needed information and support services to victims/survivors of stalking by:

____ making a tax-deductible donation in the amount of \$_____

*(Please make check payable to **Feel Safe Again.**)*

____ making a tax-deductible donation of \$_____ in honor of : Name _____

Please send an acknowledgment card to:

Name _____

Address _____

City State Zip _____

Please print the message you would like in the card:

Your information (Required):

Name:

Address:

City:

State:

Zip:

Phone:

Additional information (Optional):

____ I would like to be on your mailing list to receive future information and events of Feel Safe Again.

____ Please do not add me to your mailing list

____ I would prefer to receive information by email. My E-mail address is _____

____ Someone I know was/is a victim/survivor of stalking, my relationship is _____

I also want to help victims/survivors of stalking by volunteering my time. I am interested in helping with:

____ whatever needs to be done

____ mailings

____ hosting a fund-raiser

____ help organize event in my community

____ administrative work

____ other _____

MAIL COMPLETED FORM AND YOUR DONATION TO:

Feel Safe Again

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