

ORANGE ALERT!

PLEASE FILL OUT AND RETURN BY SATURDAY, MARCH 13, 2010

I WISH TO MAKE A TAX DEDUCTIBLE DONATION OF: _____

MONTHLY INSTALLMENTS: _____ **# OF MONTHS:** _____

CASH: _____ **CHECK:** _____ **VISA/MC:** _____

Company Match: _____ **Company Name:** _____

CREDIT CARD # _____

SIGNATURE: _____ **EXP. DATE:** _____

NAME: _____

ADDRESS: _____

CITY: _____ **ZIP CODE:** _____

EMAIL: _____ **PHONE:** _____

Mail to: SMHSF, 204 East Second Ave. #617, San Mateo, CA 94401

For more information contact: Karin Klarreich: karin@smhsf.org, 650.575.4432