

Thank you for your support!

Business Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Amount of Donation: \_\_\_\_\_

Check #: \_\_\_\_\_

PLEASE MAIL TO

Keep Springfield Safe  
PO Box 1046  
Holland, OH 43528-1046