



DONATION FORM

Donor Information

Donor name(s): _____
Address: _____
City/State/Zip: _____
Phone: _____
Email: _____

Enclosed is my check for \$ _____

Memorial/Tribute Gifts

My gift is: () in memory of () in honor of

(Name)
Please notify (no amount is mentioned):
Name: _____
Address: _____
City/State/Zip _____

Please mail with check to:
Prevention 1st
One Grove Street, Suite 235
Pittsford, NY 14534

Additional Information (optional):

() I'd like to participate in your Home Fire Drill campaign. Please send me information about:
___ Home Fire Drill poster exhibition
___ Signs with the message *Change Your Clock; Check Your Batteries; Practice Your Home Fire Drill*; www.homefiredrill.orgTM for display at my business or organization.

() I'm interested in volunteering. Please contact me at: _____

Questions? Please contact us at (585) 383-6505
Thank you!

Prevention 1st is a non-profit 501(c)(3) charitable organization. Your contribution is tax-deductible to the full extent allowed by law.