



**A Domestic Violence/Sexual Assault Prevention and
Intervention Agency
Serving Rogers and Mayes Counties**

I/We are pleased to help support healing for adults and children affected by domestic violence/sexual assault
through a tax-deductible donation of \$ _____.

This is a one-time gift. This is a pledge to be paid over __ 1 year __ 2 years __ 3 years

Payment Options:

Enclosed is my check for \$ _____ (Please make checks payable to Safenet Services, Inc.)

Please charge my: Visa MasterCard

Name on Credit Card: _____ Card Number: _____ Exp. Date: _____

All contributions to Safenet Services, Inc., a nonprofit, 501(c)(3) organization, are tax deductible to the fullest extent allowed by law.

In honor of In memory of Name: _____

Name(s) _____ (As I/we would like my/our name to appear in Safenet records.)

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Email: _____

Signature: _____ Date: _____

_____ Please initial here if you want your gift to remain anonymous

Please return donor card to: Donna Grabow, Executive Director Safenet Services, Inc.

Mailing Address: P.O. Box 446 Claremore, OK 74018 **Phone:**918-341-1424 **Fax:**918-341-1471 **Email:**

donna@safenetservices.org



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