



### *Contribution Form*

Enclosed is my contribution of: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Credit Card**

Please charge my/our contribution of \$ \_\_\_\_\_ to my credit card.

☐ Visa      ☐ MasterCard      ☐ AMEX      ☐ Discover

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ / \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Signature: \_\_\_\_\_

Please sign, scan, and email this form to [charles@bulldogcompliance.com](mailto:charles@bulldogcompliance.com) or call (617) 538-2967

### **Checks**

Please make checks payable to 'Coalition for Safe Communities' and mail with this form to:

*Coalition for Safe Communities  
c/o Bulldog Compliance  
138 Conant Street, Suite 202, Beverly, MA 01915*

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