

## DONATION FORM

Please print this form and complete the information below to ensure proper preparation of your tax receipt (please print clearly or fill out electronically).

**TODAY'S DATE:** \_\_\_\_\_

**AMOUNT OF CHECK:** \$ \_\_\_\_\_ payable to the Job-Site Safety Institute.

**DONOR NAME:** \_\_\_\_\_

**ORGANIZATION NAME (if applicable):** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**COUNTRY:** \_\_\_\_\_

**EMAIL (optional):** \_\_\_\_\_

**TELEPHONE NUMBER (optional):** \_\_\_\_\_  Home  Mobile

Yes, you may contact me via phone with information about JSI opportunities to volunteer and/or donate.

Yes, please display my name on a public list of JSI donors.

Your questions and feedback are very important to us. Please feel free to contact us at [info@jssafety.org](mailto:info@jssafety.org). Thank you for your support!