




## Support Our Efforts!

The mission of San Antonio Fighting Back is to provide partnerships, collaborations and direct services to create safe, healthy and caring communities by addressing the root causes and symptoms of drug related crime, substance abuse, victimization and violence.

**PLEASE COMPLETE AND INCLUDE BOTTOM PORTION WITH YOUR DONATION**

KEEP THIS RECEIPT FOR YOUR RECORDS
Support Levels <input type="checkbox"/> \$1000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$
<p>Make your check payable to <b>San Antonio Fighting Back, Inc.</b> and mail to:</p> <p>San Antonio Fighting Back, Inc.            Attn: Fiscal Department            2803 E. Commerce            San Antonio, TX 78203</p>

**Thank you for your support of San Antonio Fighting Back, Inc., a 501 (c) (3) nonprofit organization.**

 <b>DONATION FORM</b>		
Support Levels <input type="checkbox"/> \$1000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$25 <input type="checkbox"/> \$10 <input type="checkbox"/> Other \$		
First Name:		Last Name:
Corporate Name (if applicable):		
Address:	City:	Zip:
Phone Home:	Cell:	Office:
Email:		

**I'm interested in:**

- |  |   |
|--|---|
| <input type="checkbox"/> Working on coalitions | <input type="checkbox"/> Working with the media       |
| <input type="checkbox"/> Making presentations  | <input type="checkbox"/> Serving in a leadership role |
| <input type="checkbox"/> Other _____           |   |

**All contributions are tax deductible to the extent allowed by law.**