



# Contributor Form

I would prefer to remain "anonymous".

*Shasta VOICES, as a private organization, does not share our membership or contributor information with any outside individual or organization.*

\_\_\_\_\_  
Company or Individual Name No. of Employees

\_\_\_\_\_  
Company or Individual Address City/State Zip Code

\_\_\_\_\_  
Mailing Address (if different than location) City/State Zip Code

\_\_\_\_\_  
Telephone (including area code) FAX (including area code)

\_\_\_\_\_  
E-mail Address Internet – http:// address

\_\_\_\_\_  
Business Category (if applicable) Year Established

\_\_\_\_\_  
Principle/Owner/C.E.O. Title

\_\_\_\_\_  
Main Contact Person Title

Number of Employees	Typical Annual Membership Dues (informational for comparison)
Individual	\$ 150.00
1-20	\$ 250.00
21-35	\$ 500.00
Over 35	\$ 1,000.00
Associations/Groups	\$ 2,500.00

*Any contribution is greatly appreciated!*

Contribution Amount \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_

**THANK YOU!**

**For more information, check out our website: [www.shastavoices.com](http://www.shastavoices.com)**

**Send completed form with financial contribution to:**

**Shasta VOICES  
P.O. Box 492794  
Redding, CA 96049  
Phone: (530) 222-5251**