



SSPHVA Donation

Please make your check payable to **SSPHVA**

Please Print

Name \_\_\_\_\_

Primary Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail Address\* \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

SSP Address \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_

Yes, I'd like a "Join Us" sign for my property, FREE of charge

Yes, I want to advertise my business on the SSPHVA website, FREE of charge

Business/Service Name \_\_\_\_\_

Business/Service Provided \_\_\_\_\_

Web site Link \_\_\_\_\_