

COMMUNITY CONNECTIONS...it's about Time

DONATION Form

Name _____

Address _____

Telephone _____ E-Mail _____

Contact _____

Please accept our donation of \$_____ to the Plumas Rural Services Community Connections service.
We understand we will receive a tax receipt for our generous donation.

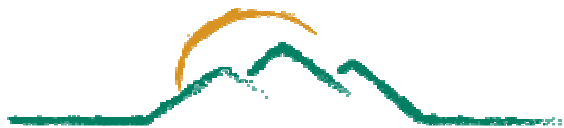
Signature _____ Date _____

Print Full Name (first, middle, last) _____

Physical Address _____

City/State/Zip _____

THANK YOU! Please return to:



PLUMAS RURAL SERVICES

Serving People, Strengthening Families, Building Communities

586 Jackson Street, Quincy CA 95971

530-283-3611

www.plumasruralservices.org

communityconnections@plumasruralservices.org