

Yes! I want to support the mission of Sheltered Reality

Name _____

Home Address _____

City/State/Zip _____

Email _____

____ please add my email address to SR's weekly email list

___ Enclosed is my check in the amount of _____

If your employer participates in a matching gift program, we encourage you to take advantage of the opportunity to increase the power of your gift.

___ I would like more information on volunteering for Sheltered Reality.

___ I would like more information on having Sheltered Reality perform in my home town.

Please enclose your check or payment, along with this form, in an envelope and send to:

Sheltered Reality

c/o Brenda Pelzer, treasurer
1027 Atalissa Rd
Atalissa, IA 52720
brendap@sheltered-reality.org

