

**2021 MEMBERSHIP / DONATION FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

New \_\_\_\_\_

Households (\$25) \$ \_\_\_\_\_

Renewal \_\_\_\_\_

I wish to enclose a donation \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

Return To:  
SAVHA  
P.O. Box 145  
Lockwood CA 93932