



Conflict Solutions Center-Community Mediation, Restorative Justice  
Services and Training

I would like to contribute \$ \_\_\_\_\_ every month on the \_\_\_\_\_ of the  
month for \_\_\_\_\_ years

**Payment:**

Please charge my Visa/MC#: \_\_\_\_\_ exp. \_\_\_\_\_

My check for & \_\_\_\_\_ is enclosed made payable to:  
Conflict Solutions-Community Mediation

My company will match my gift.

Name \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

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

Day Phone (\_\_\_\_) \_\_\_\_\_ Eve Phone (\_\_\_\_) \_\_\_\_\_

E-Mail address \_\_\_\_\_

***Thank you!***

120 E. Jones St. Suite 137 Santa Maria, CA 93454 805/349-8943

1528 Chapala St. Suite 205 Santa Barbara, CA 93101 805/963-6765