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## Printer Friendly Donation Form

I would like to support the San Mateo County Fall Prevention Task Force's efforts to decrease falls among older adults in our community.

I would like to contribute: \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_

Zip \_\_\_\_\_

Email \_\_\_\_\_

Please mail this form with your check to:

Sequoia Hospital Foundation  
Attn: San Mateo County Fall Prevention Task Force  
170 Alameda de las Pulgas  
Redwood City, CA 94062

**\* Be sure to make checks payable to Sequoia Hospital Foundation.**