



Join Us!

Make your voice heard!

Name: _____

Address: _____

Town: _____

State: _____ Zip: _____

Phone: (_____) _____

Email or Fax: _____

Special Skills: _____

Your donation supports the projects that we are currently undertaking. (Membership is included with donations of \$20 or more.)

Enclosed is a donation of \$ _____

We are a non-profit corporation with tax-exempt status and your donations will go directly toward the promotion of healthy communities in Clear Creek County.

Please return completed form to:

SOLVE
P. O. Box 1806
Idaho Springs, CO 80452