



Please return completed form to:

One SAFE Place
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Redding, CA 96003
kristih@ospshasta.org

Ph: 530-244-0118 Fx: 530-244-2653
www.OSPShasta.org

Independent Drive, Holiday Drive &
Third Party Image/Name Use Request

Sponsoring Organization or Person _____

Who is involved? _____
(Ex: People, Companies, Civic Organizations, Churches, etc.)

Event Type _____
(Ex: Food drive, auction, clothing drive, etc.)

Event Location _____

Event Date: _____ Response Deadline: _____

Attendees/Audience _____ How Many? _____
(Ex: Demographics such as age, memberships, etc.)

How will our name or logo be used and distributed? _____

Resources requested: _____
(Ex: Publicity, brochures, etc.)

What role is requested of OSP Staff? _____

Other event elements: _____

Are you requesting OSP participate in the cost? Y N If Yes, please provide additional information below.

Other event information: _____

Lead Contact: _____

Name Mailing Address E-mail

City State Zip Phone

Back Up Contact

Name Mailing Address E-mail

City State Zip Phone

Miscellaneous Information _____

Disclaimer: At One SAFE Place, we deeply appreciate your devotion and interest in helping provide food, shelter and care to people affected by violence. The information provided above will be useful to us in partnering with you in your event's success and allows us to accurately respond to public and media inquiries. This information also helps us coordinate with other community partners and direct efforts to the areas of greatest need. While we sincerely appreciate the tremendous efforts of our community, the One SAFE Place reserves the right to decline the use of its name, logo or other proprietary information. Use of our logo, name or other proprietary information without our express written consent may constitute a violation of law. Again, thank you for your support.