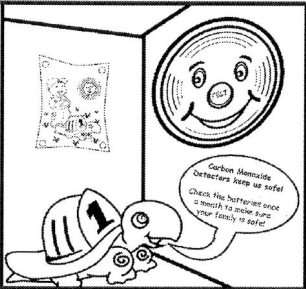


**Greater Cleveland SAFE KIDS/Safe Communities Coalition
2010 Carbon Monoxide Prevention
Membership Participation Form**

Community/ Group: _____

Approximate Date(s): _____

All items free of charge/quantities limited/while supplies last

<u>Campaign Materials</u>	<u>Quantity</u>
<p>Coloring Sheets</p> <p>Give your Carbon Monoxide Detector a name. Color the picture and the alarm...</p> <p>My Carbon monoxide detector's name is _____</p> 	<p>_____</p>
<p>CO Key Takeaways</p>	<p>_____</p>
<p>Tip sheet for writing a press release about CO poisoning</p>	<p>_____</p>

Name of sponsoring agency: _____

Contact name: _____

Address for shipping: _____

Phone number: _____ E-mail address: _____

Please fax responses to 216-983-1180.

Office Use Only	
Date Filled: _____	Initials: _____
Date Sent/Picked Up: _____	Initials: _____
Activity Report? <input type="checkbox"/> Yes Date: _____	