

DONATE BY MAIL

Please complete this form to make a donation to CADCA.

* Required Field

First Name* _____

Last Name* _____

Company/Organization _____

Address* _____

City* _____

State* _____ Zip* _____

Phone _____

Fax _____

Email Address _____

PAYMENT OPTIONS: (Please make checks and money orders payable to CADCA®)

Check enclosed

Money Order

Please Charge my:



Card Number* _____ Exp.* _____ / _____

Name on Card (please print)* _____

BILLING INFORMATION:

Address (credit card address)* _____

City* _____ State* _____ Zip* _____

Donation Amount:* \$ _____

Would you like a receipt? Yes, please! No, thank you.

Signature* _____

(If you answer "yes", a receipt will be sent to the address above unless otherwise noted. Contributions in excess of \$250 will automatically be sent a receipt. Receipts will state that no goods or services were provided in exchange for the contribution.)

CADCA is a 501(c)(3) organization. Your contribution may be tax-deductible -- please check with your tax advisor.

Thank you for supporting our efforts to keep our kids and communities safe, healthy, and drug-free!