

**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!