



Donation Form

Thank you for your support of the Partnership for a Drug-Free America, a 501 (c) (3) nonprofit organization. All contributions are tax deductible to the extent allowed by law.

MAIL THIS FORM WITH YOUR DONATION

DONATE BY PHONE

Print this form, complete the information, and mail it with your check to:

Attention: Development Office
 The Partnership for Drug-Free America
 405 Lexington Avenue, 16th Floor
 New York, NY 10174

Call toll-free:
1-888-575-3115

Name	
Organization Name (if corporate gift)	
Contact Person (if applicable)	
Billing address	
City	
State	
Zip Code	
Telephone (home)	
Telephone (business)	
E-Mail	

(Optional) Make my gift **In Memory of** **In Honor of** _____

Please notify (optional)	
Address	
This person's relationship to the deceased/honoree	

Donation Amount \$100 \$250 \$500 \$1000 Other _____

Payment	<input type="checkbox"/> Enclosed is my check <i>(Make check payable to the Partnership for a Drug-Free America)</i> <input type="checkbox"/> Please charge my credit card
Credit card type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit card number	
Expiration date	
Name as it appears on card	
Authorized signature	

To enhance the value of your gift, ask your Human Resource department about your company's **matching gifts** program.