

## THE PARTNERSHIP AT DRUGFREE.ORG - DONATION FORM

Name:	
Organization Name (if corporate gift):	
Contact Person (if applicable):	
Billing address:	
City:	
State:	
Zip Code:	
Telephone (home):	
Telephone (business):	
Email:	

**DONATION AMOUNT** ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000 Other \_\_\_\_\_

*(Optional) Make my gift ☐ In Memory of ☐ In Honor Of \_\_\_\_\_*

<i>Please notify:</i>	
<i>Address:</i>	
<i>This person's relationship to the deceased/honoree:</i>	

## PAYMENT OPTIONS

☐ Enclosed is my check made payable to The Partnership at Drugfree.org

☐ Please charge my credit card

### Credit Card Type

☐ Visa ☐ MasterCard ☐ Discover ☐ 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 gift* program.

## PRINT & MAIL THIS FORM WITH YOUR DONATION TO:

The Partnership at Drugfree.org  
352 Park Avenue South, 9<sup>th</sup> Floor  
New York, NY 10010  
Attention: Development Office

Thank you for your support of The Partnership at Drugfree.org, a 501 (c) (3) nonprofit organization. The Partnership at Drugfree.org helps parents prevent, intervene in and find treatment for drug and alcohol use by their children. All contributions are tax deductible to the extent allowed by law.