

Donation to:

Drug Awareness and Prevention Inc.

Date _____

Donor Information

Name Title(s) _____ First _____ Middle _____ Last _____

Billing Street Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Donation Information

I (we) pledge a total of \$ _____ to be paid: Once Monthly Quarterly Yearly

I (we) plan to make this contribution in the form of: Cash (\$5 or less) Check Credit Card

Credit Card Information

Name on Credit Card _____

Select: American Express Discover Master Card Visa

Credit Card Number _____

Expiration Date Month _____ Year _____ CCV Number _____

Cardholder Signature _____

Optional Corporate Gift Matching By:

Company/Family/Foundation: _____

Street Address _____ Phone _____

City _____ State _____ Zip _____

Acknowledgement Information

Please use the following name(s) in all acknowledgements _____

I (we) wish to have our gift remain anonymous.

Please mail to: Drug Awareness and Prevention Inc.
20800 Center Ridge Road, Suite 316A
Rocky River, Ohio 44116



DAP is a 501(c)3 Nonprofit. Your donation is tax-deductible