



## DONATION FORM

### DONOR INFORMATION

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if you would like your gift to be anonymous

### DONATION

Donation Amount: \_\_\_\_\_

Please make your check payable to CHADD and mail to:

CHADD

Att: April Gower

4601 Presidents Drive, #300

Lanham, MD 20706

Or, you can charge your donation:

Name on Card: \_\_\_\_\_

Credit Card:  Visa  Mastercard  Amex

Account: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**THANK YOU**