



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

4221 Forbes Blvd, Suite 270

Lanham, MD 20706

Or, you can charge your donation:

Name on Card: _____

Credit Card: Visa Mastercard Amex

Account: _____

Exp. Date: _____ Security Code: _____

THANK YOU