

####

####

####  Donation Form

#### *ADAA’s mission is to promote the prevention, treatment, and cure of anxiety, depression and co-occurring disorders through education, practice, and research.*

**Please accept my contribution to support ADAA:**

☐$50 ☐$100 ☐$250 ☐$1,000 ☐$2,500 ☐ Other: $**\_\_\_\_\_** ☐Please make my gift anonymous

☐ **This gift is a Memorial/Honorarium:** (please note that the minimum donation amount for an honorary/memorial gift is $10.00)

**Donation amount:** ☐$50 ☐ $100 ☐$250 ☐$1,000 ☐$2,500 ☐ Other: $**\_\_\_\_\_**

**In Memory of/In Honor of: (Name):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Notification** (*Please provide the name and address of the individual or family member(s) you would like us to notify of your donation.*):

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

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Message:** (*If you would like to include a message to the family or individual, please include it in the text box provided and we will add your message with the notification)*

**Your Contact Information:**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province \_\_\_\_\_\_\_\_\_\_\_ ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐Yes, please add me to your email list

**Method of Payment**

*Checks must be in USD and payable to ADAA*:

☐ Check #\_\_\_\_\_\_\_\_\_\_ ☐ VISA ☐ MasterCard

*($35.00 charge for returned checks) ADAA does not accept American Express or Discover.*

Credit card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expire Date \_\_\_\_\_\_\_\_\_\_\_\_\_ CVV# \_\_\_\_\_\_\_\_\_ (**The CVV Number** ("**C**ard **V**erification **V**alue") on your credit card or debit card is a 3 digit number on VISA®, MasterCard® branded credit and debit cards. On your American Express® branded credit or debit card it is a 4 digit numeric code)

**RETURN THIS FORM:**

* ***E-mail:*** donations@adaa.org (Download this form, fill it out, send as an e-mail attachment.)
* ***Mail:***ADAA, 8701 Georgia Avenue, Suite 412, Silver Spring, MD 20910

**You may also donate online at** [**www.adaa.org**](http://www.adaa.org)**. Thank you!**

*✂ Retain this portion as a receipt for tax purposes. ✂*

Donation to Anxiety and Depression Association of America (ADAA) on \_\_\_\_\_\_\_\_\_\_\_\_\_(date)

Amount $\_\_\_\_\_\_\_\_\_\_\_\_ Check #\_\_\_\_\_\_\_\_ ☐ VISA ☐ MasterCard

*ADAA is a 501(c)(3) nonprofit association. The IRS requires us to inform you that no products or services were given in return for your contribution.*