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 **ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA**

 **8701 Georgia Avenue, Suite 412, Silver Spring, MD 20910**

 **Phone 240-485-1001 Fax 240-485-1035**

####  www.adaa.org

####  Donation Form

#### *Our mission is to promote the prevention, treatment, and cure of anxiety disorders, depression, OCD, PTSD, and related illnesses through education, practice, and research.*

With your support we can continue to:

* provide free educational information about anxiety, depression, and related disorders
* help people who are struggling find the treatment they need
* advocate for research and better care for those who suffer from these disorders

**Please accept my contribution to support the Anxiety and Depression Association of America:**

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

**Contact Information**

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

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

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

☐Add me to your mailing list ***May we add your name to our website?*** ☐Yes ☐No

**Please send me more information:**

☐ Making a multiyear pledge ☐ Donating in honor of a friend or loved one

☐ Establishing a memorial fund for a friend or loved one ☐ Providing for ADAA in my will

**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 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires Date \_\_\_\_\_\_\_\_\_\_\_\_\_

*✂ 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.*

**RETURN THIS FORM**

* ***E-mail*** membership@adaa.org (Download this form to your computer, fill it out, send as an e-mail attachment.)
* ***Mail***ADAA, 8701 Georgia Avenue, Suite 412, Silver Spring, MD 20910
* ***Fax*** 240-485-1035

**You may also donate online at www.adaa.org.**

*Thank you for your gift!*