

Gift Donation Form

Gift Information:

Amount: \$ _____

Enclosed is my check made payable to
Council on Alcoholism & Drug Abuse

Please charge my credit card:

Visa

Mastercard

Credit Card #: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

Donor Information:

If contact information below is not correct, please
add correct information on the back of this card.

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

Keep me informed about how my
donation helps families and individuals

Tribute Information:

In honor of

In memory of

Name: _____

Address (notify of honorarium or memoriam):

City, State, Zip: _____

Contact me to discuss including the Council in
my estate plans.

Return this form to Donation Processing, 2000
Fairfield Avenue, Shreveport, LA 71104.

Website Form

