

Mail-in Donation Form

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Daytime Phone: _____

I wish to remain anonymous.

I would like to be contacted about volunteering.

Please forward my donation to this affiliate program of Georgia CASA: _____

My donation is specifically for: _____

My donation is in the amount of:

\$500

\$50

\$250

\$25

\$100

Other: \$ _____

This donation is In Memory In Honor of: _____

Notify: _____ Address: _____

City: _____ State: _____ Zip: _____

Please mail completed form, with enclosed check or money order to:

Make check or money order payable to Georgia CASA.

Georgia CASA
1776 Peachtree Rd. NW
Suite 219, South Tower
Atlanta, GA 30309

Thank you for your donation!

