

# 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:

\$10,000       \$1,000       \$100  
 \$5,000       \$500       \$50  
 \$2,500       \$250       Other: \$ \_\_\_\_\_

Matching Gift from \_\_\_\_\_

This donation is  In Memory  In Honor of: \_\_\_\_\_

Notify: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Georgia CASA  
75 Marietta St. NW  
Suite 404  
Atlanta, GA 30303

*Make check or money order payable to Georgia CASA.*

Thank you for your donation!

