

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!

