

**I commit to supporting abused children
By my contribution of:**

- | | |
|------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> \$15.00 Friend | <input type="checkbox"/> \$100.00 Advocate |
| <input type="checkbox"/> \$25.00 Patron | <input type="checkbox"/> \$250.00 Benefactor |
| <input type="checkbox"/> \$50.00 Sponsor | <input type="checkbox"/> \$1000.00 Corporate |

Individual Name: _____

Business Name: _____

Address: _____

Phone #: _____

This donation in honor of:

This donation in memory of:

Donations accepted using your credit card or debit cards: Mastercard, Visa, American Express, and Discover.

Amount of Donation: _____

Type of Card: _____

Card Number: _____

Expiration Date: _____

If you would like an acknowledgement card sent, please include the person's address. Donations are tax-deductible

Mail To:
Dekalb County CAC
P.O. Box 680173
Fort Payne, AL 35968

Email To:
Vicky Stone at
info@dekalbcac.org