

## 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:

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

Thank you for your donation!



Georgia CASA  
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