National Association for Children of Addiction

...working to eliminate the adverse impact of alcohol and drug use on children and families

Thank you for your support of children impacted by the disease of addiction in the family. You are making a gift that truly makes a difference. Your generosity helps transform children at risk into children of promise.

Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Email _____

Donation Amount: _____ ☐ Check or Money Order in U.S. Funds

CREDIT CARD INFORMATION

☐ Visa ☐ MasterCard ☐ American Express

Credit Card Number _____

Expiration Date (MM/YYYY) ____/_____ CVC (Security Code) _____

Printed Name on Card _____

Authorized Signature _____

INTENTION OF YOUR DONATION

☐ General Donation ☐ To Honor Someone ☐ To Remember Someone

☐ The Janie Fleckenstein Art Therapy Memorial Fund

(*If applicable*) This gift is in honor/ remembrance of: _____

If you wish, who should we notify about this donation: _____

Street Address _____

City _____ State _____ Zip _____

Message to include with this notification: _____

_____

Please mail your completed form (*and check if applicable, made out to NACoA*) to:
National Association for Children of Addiction; 615 Baltimore Pike, STE H #1158; Bel Air, MD 21014