

**Alcohol & Drug Dependency Services  
Charitable Giving - Donor Contribution Form**

To return your donation by mail, please send this completed form along with your check made payable to:

**Alcohol & Drug Dependency Services**  
Attn: Diane M. Roelfs  
1340 Mt. Pleasant Street  
Burlington, IA 52601

Enclosed is my gift to Alcohol & Drug Dependency Services:

Donor Name: \_\_\_\_\_

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

City State Zip

Phone: (     ) \_\_\_\_\_

Please accept my donation of:

\$100     \$50     \$25     Other \$ \_\_\_\_\_

This generous donation is being given as:

Tribute gift celebrating \_\_\_\_\_  
*(loved ones name to recognize)*

Memorial donation honoring \_\_\_\_\_  
*(loved ones name to recognize)*

Member of the family to notify of my gift:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Your contribution is tax deductible as provided by law.**

**THANK YOU for your generous support!**