



## Addiction Education Society

## MAIL DONATION FORM

**Yes, I want to support Addiction Education Society, Inc.**

My donation will enable Addiction Education Society to provide public education, information, and educational resources on issues relating to substance addiction and its impact on individual lives, families, and in the lives of our communities to advance our understanding that Addiction is a Disease.

You may print and send this page with your credit card information, or enclose a check payable to:

**Addiction Education Society**

Address:       Addiction Education Society  
                  One Franklin Parkway, Unit 920, 1<sup>st</sup> Fl.  
                  San Mateo, California 94403

**\*Required Information**

\*Your Name:    First:                       Last:

How would you like to be listed on our website/in our annual report?

\*Please select a donation amount:

**Are you making a one-time gift or recurring gifts?**

Single Payment

Recurring Payments – Specify how often (Monthly, Quarterly, Yearly)

One Time    Monthly    Quarterly    Annual

This payment will repeat on an ongoing basis. You may cancel at any time by contacting us at [ddadoun@AddictionEducationSociety.org](mailto:ddadoun@AddictionEducationSociety.org) or calling 650-445-7464.

\*Charge my:    Visa    MasterCard    American Express    Discover

\*Card #:    Expiration Date:    Security Code:   
Security Code located back of your card

\*Name as it appears on Card:

\*Signature: \_\_\_\_\_

**\*Credit Card Billing Address**

Address:

City:    State:    Zip:

**Preferred Address (if different)**

Address

City:  State:  Zip:

Phone #  Email:

Please keep me updated on **Addiction Education Society** news and future events by adding my email address to your data base. Please visit [www.AddictionEducationSociety.org](http://www.AddictionEducationSociety.org) for our Donor Privacy Policy.

My employer will match my gift. Employer Name:   
Include your employer's matching gift form.  
(if it is available)

Please keep my gift anonymous.

I'd like to make my donation in  honor of or in  memory of:

First Name:  Last Name:

When you make a donation in honor of or in memory of a loved one, we will gladly send a letter acknowledging your gift to a recipient you designate below:

First Name:  Last Name:

Address:

City:  State:  Zip:

**Personalize your message**

**Print & Mail This Form With Your Donation to:**

Addiction Education Society  
One Franklin Parkway, Unit 920, 1<sup>st</sup> Fl.  
San Mateo, California 94403  
Attn: Daniel Dadoun

Please email donations: [Ddadoun@AddictionEducation.Society.org](mailto:Ddadoun@AddictionEducation.Society.org) with any questions about your contribution or call @ 650-445-7464.

Financial and other information about Addiction Education Society purpose, programs and activities can be obtained by contacting the Executive Director Daniel Dadoun at address shown above.

*Thank you for supporting the Addiction Education Society  
a 501(c) 3 nonprofit organization. Tax ID: 46-4533989*