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: Georgia CASA  
75 Marietta St. NW  
Suite 404  
Atlanta, GA 30303

Make check or money order payable to Georgia CASA.

Thank you for your donation!