

Name _____
Address _____
Address _____
City, State, Zip _____
Phone _____
Email _____

Enclosed is my gift of

_____ \$25 _____ \$200
_____ \$100 _____ other

I would like to make further contributions of \$ _____
in the month(s) of:

Jan Feb Mar Apr May Jun
 Jul Aug Sept Oct Nov Dec

Please invoice me in the above month(s).

This gift is in
Honor Of _____

Please do not list my name in any publications.

Your gift is fully tax-deductible, according to IRS regulations.

Signature _____ Date _____

Please return to the Coalition in the provided envelope. Thank you!

Coalition for a Drug-Free Greater Cincinnati
2330 Victory Pkwy.
Suite 703
Cincinnati, OH 45206

513-751-8000

www.DrugFreeCincinnati.org



COALITION FOR A
DRUG-FREE
GREATER CINCINNATI®