



DONATION FORM

Please complete the following information and mail your gift to:

DeKalb Community Service Board
Office of Community Relations
P.O. Box 1648
Decatur, GA 30030

If you have questions, please call (404) 508-7875 for more information.

Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Email _____

Employer _____

Business Address _____

I/We would like to contribute to the DeKalb Community Service Board, supporting the highest quality of mental health, developmental disabilities and addiction diseases services in DeKalb County, Georgia.

My/Our gift of \$ _____ is enclosed, made payable to DeKalb Community Service Board.

My/Our gift of \$ _____ is: _____ Unrestricted _____ To be used for _____.

I/We would like to use credit card: VISA _____ MasterCard _____ American Express _____

Account # _____ Exp. Date _____

Signature _____

This gift is made in honor of or in memory of (circle one):

Name _____

Please send acknowledgement to:

Name _____

Address _____

Please contact me concerning information concerning wills, bequests, and life income giving for the benefit of DeKalb Community Service Board.