

**General Contribution Form  
Partnership for a Drug-Free Community**

Partnership for a Drug-Free Community welcomes your donations at any time of the year. If you are interested in making a donation, please print this form and mail the completed form with your check to:

**Partnership for a Drug-Free Community  
P.O. Box 2603  
Huntsville, Alabama 35804**

Name \_\_\_\_\_

Company \_\_\_\_\_  
(For corporate contributions only)

Phone \_\_\_\_\_

Fax (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please specify the dollar amount of your contribution: \_\_\_\_\_

---

**Thank you for your support!**