

Yes! I want to give the children of Tennessee a choice to live a full and complete life that is drug-free.

Enclosed is my gift today of:

___ \$1,000 ___ \$500 ___ \$300 ___ \$200 ___ \$100 ___ \$50 ___ Other _____

My commitment is \$_____ per month ___ or per year ___ . Please send envelopes as reminders.

Your name:

Address:

City, State, Zip Code:

Daytime phone no:

E-mail:

If this is a memorial or honor gift, complete the information below (please print):

IN MEMORY OF _____

IN HONOR OF _____

Please acknowledge my gift to:

Name:

Address:

City, State, Zip Code:

Please make checks payable to Tennessee Drug Awareness Council and mail to:

Tennessee Drug Awareness Council

PO Box 40327

Nashville, TN 37204-0327