



GIFT FORM

CONTACT INFORMATION

Mr. Mrs. Ms. Dr. Other _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

GIFT INFORMATION | Please select where you would like to designate your gift.

- Where the Need is Greatest Men's Recovery Services Women's Recovery Services
 Adults Ages 55+ Survivors of Sexual Assault Child & Family Services
 LGBTQI Services Homeless Veterans

BILLING INFORMATION

Donation Amount: \$ _____

Check Visa MasterCard American Express Discover Cash

Card # _____ Exp: _____ 3 digit code: _____

Billing Address _____

City: _____ State: _____ Zip: _____

- Yes, I have remembered CODAC in my estate plan.
 Yes, I would like someone to contact me about my estate plan.
 Please do not add me to your mailing list.

You can also
donate online at
CODAC.org/donate

Donations are tax deductible to the fullest extent of the law.

Please send completed form with gift to:
CODAC Health, Recovery & Wellness, Inc.
1650 E. Ft. Lowell Rd., Suite 200 | Tucson, AZ 85719
P 520.327.4505 x1046 | F 520.202.1889