



THE COLLEGE ON PROBLEMS OF DRUG DEPENDENCE, INC.

3420 N. Broad Street, Room 324, Philadelphia, PA 19140-5104

Telephone: 215-707-3242 • Fax: 215-707-1904 • Website: <http://www.cpdd.org>

I would like to support the College through my enclosed check of

\$100 \$250 \$500 \$1000 \$ _____

(Make payments to “The College on Problems of Drug Dependence, Inc.”)

Please charge my credit card...

VISA MC DISCOVER

Card Number _____

(Required) 3 or 4 digit code _____ Exp. Date _____ / _____

Card Holder Name (Print)

Card Holder Billing Address (with zip code)

Card Holder E-mail Address

Card Holder Signature

Card holder signature authorizes CPDD to bill the above credit card

I would like to make a donation of stock _____

Name of Stock _____

Value of stock to be donated _____

Please contact the Executive Office for further details.