



CAADS DONATION / PLEDGE FORM

Please contribute to the fight to save the ADHC program!

Legal Fund

CAADS must continue to raise funds to DEFEND our hard fought legal victories to stop the Medi-Cal rate cut for all ADHCs.

We still need to raise \$25,000 to cover the legal expenses to save ADHC.

Important Note: Contributions to the Legal Fund are not tax deductible.

YES, I will support LEGAL FUND efforts with my donation/pledge of:

\$1,000 \$2,000 \$3,000 \$4,000 \$5,000 Other: \$ _____

Payment will be made now

Payment(s) will be made at a future date: ____/____/____

Payment (By credit/debit card or check) **Pledge** (Invoice me) # ____ **Monthly Payments**
Please make checks payable to: CAADS

This donation is: **Personal** **Organizational**

Donation to remain anonymous

Contact's Name: _____ Tel: (____) _____

Email : _____ Fax: (____) _____

Donor Organization: _____

Mailing Address: _____

City/State/Zip: _____

Credit/Debit Card Payment - Please charge amount indicated above to my:

VISA **MasterCard** **Discover Card** (Sorry, we cannot accept American Express)

Credit Card Number: _____

Expires _____

Name that appears on card _____

Signature _____

Cardholder's Street Address _____

Zip Code _____

THANK YOU!

Please return this payment or pledge as soon as possible by mail or fax to:

CAADS
921 11th Street, Suite 1100
Sacramento, CA 95814
FAX: (916) 552-7404