



LAWSUIT FUND PLEDGE FORM

Contributions to the lawsuit fund are not tax deductible.

URGENT! CONTRIBUTE OR PLEDGE TODAY

THIS FIGHT IS NOT OVER!

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

Our legal bills continue to mount because of the state's continued pursuit of appeals. In fact, on April 1, 2009 the state's Attorney General filed a petition with the United States Supreme Court to hear our case in yet another attempt to reverse our favorable rulings.

Calculate what a 5% cut would mean to your program and invest just a portion of that to protect ADHC for today and tomorrow.

YES, I will support the MEDI-CAL LAWSUIT with my donation/pledge of:

\$500 \$750 \$1,000 \$2,000 \$5,000 Other: _____

Payment(s) will be made: Now (See below) At a future date: ____/____/____

Payment (By credit card or check payable to CAADS) **Pledge** (Invoice me) #____ **Monthly Payments**

Donor Name: _____ Telephone: (____) _____

Email: _____ Fax: (____) _____

Donor Organization: _____

Mailing Address: _____

City/State/Zip: _____

Credit 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**