

You can help reverse the addiction crisis in the U.S. Every dollar of your generous donation goes to support programs to help end addiction.

Yes! I will help reverse	e the course of the	addiction cr	isis. Here is my	gift of:		
\$25 \$50	\$100	\$250	\$500			
Automatically cha	irge the above amo	ount every mo	onth.			
Billing Address						
TITLE FIRST NAME	LAST NAME			COMPANY/ORGANIZAT	TON (OPTIONAL)	
ADDRESS		CITY	STATE	ZIP CO	ZIP CODE	
PHONE NUMBER			EMAIL ADD	RESS		
Payment Option	S					
Enclosed is my ch	neck made payable	to Shatterpro	oof			
Please charge my	/ credit card: O Ma	sterCard O Vi	sa 🔾 Amex 🔾 D	iscover		
CARD NUMBER				EXP DATE (MM/YY)	CVV	
Event Informatio	n					
Stronger Than Addiction						
Challenge	TEAM/PARTICIPANT NAME					
Create Your Own Fundraiser						
Matching Gift Int		ac that will				
Many employers offer matching gift programs that will double your donation to Shatterproof. Please check with your employer to see if they offer this benefit.			COMPANY NAME			
Honor or Memor	rial Gift Inform	ation				
In memory of	In honor of	AME				
Please send an acknow						
TITLE FIRST NAME	LAST NAI	ME				
ADDRESS		CITY		STATE	ZIP CODE	

Please mail your completed form to:

Shatterproof 101 Merrit 7 Corporate Park, 1st Floor Norwalk, CT 06851 If you have questions, or wish to donate by phone, please call (800) 597-2557. All contributions are tax deductible to the fullest extent of the law. Shatterproof is a 501(c)(3) organization.

Our tax identification # is 45-4619712.