

Manhasset Community



CASA

Coalition Against Substance Abuse

DONATION FORM
Manhasset CASA, Inc.

NAME: _____

ADDRESS: _____

Phone: () _____

Email: _____

Amount of Donation: \$ _____

Make Check Payable to: *Manhasset CASA, Inc.*

Mail to:

Manhasset CASA, Inc.
P.O. Box 392
Manhasset, NY 11030

Upon receipt of your donation, a receipt will be mailed to you.

***Manhasset CASA is a 501 C 3 corporation and is registered with the
NYS Charities Bureau.***

For Manhasset CASA use only:

Check Number: _____

Date Receipt mailed: _____

Accepted by: _____