|  |  |
| --- | --- |
| A logo with purple and blue text  Description automatically generated | **ADVOCACY PLEDGE REMITTANCE**  California Association for Adult Day Services  1107 9th Street, Suite 701 | Sacramento, CA 95814 |

**Payment Amount:**        **Date:**

*Please note, donations to CAADS Advocacy Fund are not tax deductible.*

**Organization (DBA):**

* **Check** (Please enclose and make payable to **CAADS**)
* **Charge my card for the payment amount shown above:**

**VISA** (credit or debit card) **MASTERCARD** (credit or debit card) **DISCOVER** (credit card)

**Card Number:**                         -                         -                         -

**Expiration** (Month & Year):       /       **C V V Code**:

**Name** (as it appears on card):

**Cardholder Street Address**:       **Billing ZIP**:

**Cardholder Email**:

**Cardholder’s Signature**:

**Cardholder’s Telephone**: (     )

* Please Return the Remittance Slip to:

**CAADS**

**1107 9th Street, Suite 701**

**Sacramento, CA 95814-3610**

**T: (916) 552.7400 ~ F: (866) 725.3123 ~ E:** [**accounting@caads.org**](mailto:accounting@caads.org)

**⬥ CAADS’ Returned Check Fee is $50.00 ⬥**

⬥ Returned checks will be referred to the appropriate legal authorities.

⬥ Checks without a number or account holder imprint will not be accepted for payment.

⬥ If a charge card is declined, an alternative charge card may be submitted for verification,

or a cashier’s check or money order will be required in order for the request to be honored.

⬥ It is your responsibility to assure that sufficient funds are available for the transaction.

CAADS reserves the right to refuse service or membership privileges to any individual or company

that writes a check that is returned for insufficient funds or whose credit/debit card is declined.