



ADVOCACY PLEDGE REMITTANCE

California Association for Adult Day Services
801 K Street, Suite 925 | Sacramento, CA 95814

Payment Amount: \$ _____

Date: _____

Please note, donations to the 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:**

☐ **MasterCard** (credit or debit card)

☐ **Visa** (credit or debit card)

☐ **Discover** (credit card)

Card Number: _____

Card Expiration Date: _____

CVV Code: _____

Cardholder Name: _____
(Please Print)

Cardholder Street Address: _____ ZIP: _____
(Please Print)

Cardholder Email Address: _____
(Please Print, for receipt of payment)

Authorized Signature: _____

Cardholder Telephone Number: (_____) _____

☒ Please Return Remittance Slip to:

CAADS

801 K Street, Suite 925

Sacramento, CA 95814-3518

T: (916) 552.7400 ~ F: (866) 725.3123 ~ E: 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. A cashier's check or money order will be required to honor the request.
- ◆ It is your responsibility to ensure 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.