



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

◆ 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.