

## **NAPSA Donation Form**

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Please fill in your contact information to ensure correct preparation of your receipt for tax purposes.

**I am making a donation in the amount of: \$**

**Donor Name:**

**Organization:**

**Address:**

**City:**

**State:**

**Zip:**

**Country:**

**Phone:**

**Email Address:**

Please make check or money order payable to NAPSA and mail to:

**National Adult Protective Services Association  
PO Box 96503 PMB 74669  
Washington, DC 20090**

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NAPSA is a 501(c)(3) organization: EIN/TIN 30-0044497