



Adolescent Counseling Services Donation Form

DONOR INFORMATION

Name _____

Company _____

Address _____

Telephone _____ Fax _____ Email _____

DONATION INFORMATION

- Please direct my gift to the Adolescent Counseling Services (ACS) Endowment Fund.
- Please use my gift to support the following area of service: _____
- ___ On-Campus Counseling Program
 - ___ Adolescent Substance Abuse Treatment (ASAT) Program
 - ___ After-School Counseling Program
 - ___ General Fund

MODE OF TRANSMITTAL

- I am making a cash/check donation in the amount of \$ _____ payable to
Adolescent Counseling Services (Tax ID# 51-0192551).
- Please charge \$ _____ to my Mastercard Visa
Cardholder _____ Expiration Date _____
Account No. _____ Signature _____
- I would like to make my donation to Adolescent Counseling Services through:
___ Stock or Securities Gift (Schwab Account #: 10447273, DTC #: 0164)
___ Wire Transfer (contact ACS office for information)
___ Car Donation Year: _____ Make/Model: _____

ACKNOWLEDGMENT OPTIONS

I understand that my gift to Adolescent Counseling Services becomes the property of Adolescent Counseling Services and that ACS has ultimate authority and discretion with regard to its assets. Please list my charitable donation as an anonymous gift. (check here)

Signature _____ Date _____

**Please make copies of this form as needed. Send or fax this form with your gift to:
Adolescent Counseling Services, 4000 Middlefield Rd. Suite FH, Palo Alto, CA 94303
Fax: (650) 424-9853 or E-mail: aarika@acs-teens.org**

Upon receipt of your gift, ACS will send out an official acknowledgment letter as record of your tax-deductible donation. Thank you for your support of ACS – *Helping teens find their way!*