



Printable Donation Form

Another Solution, Inc. is committed to providing financial assistance to those desiring healing from their addicted lives. Thank you for investing in hope and healing of recovery.

Name: _____ I prefer to make this donation anonymously

Address: _____

Phone: _____ Email: _____

My employer is a Matching Gift employer! (Please attach the gift form)

___ Enclosed is my tax-deductible gift for:

\$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 Other \$_____

___ Check Enclosed: (payable to Another Solution, Inc.)

___ Please charge my: VISA MasterCard Discover Amex

Card Number: _____ Exp Date: _____ Security Code: _____

Donor Signature: _____

Please use my gift for:

___ Where needed most ___ Annual Fund ___ Scholarship Fund

In honor of: _____

In memory of: _____

Please send a card acknowledging my gift to the honoree/family member listed below:

Name: _____

Address: _____

Mail to:
Another Solution, Inc.
4300 MacArthur Avenue, Suite 270
Dallas, Texas 75209
(214) 369-1155

Remembering Another Solution, Inc. in your will or estate can be an important means of helping our organization sustain its mission of service to those affected by the disease of addiction. For more information on this and other planned giving options, please visit anothersolution.org, or call Jack Nichols at 214-679-0690, or e-mail info@anothersolution.org.