

Contact name	Classification (pick one)		
<input type="text"/>	Private	Collector	Institution

Address	Email Address
<input type="text"/>	<input type="text"/>

City	State	Zip code	Preferred contact number (Telephone)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### How do you know about us?

AFAI Website: .....

Magazine: .....

Friend: .....

Newspaper: .....

Special event: .....

Postcard: .....

Other: .....

### Source of the medication

Own personal

Friends of Family members

Community Organization

Health provider

Pharmacy

Client/patient

Other

This is my first donation

No. I have donated before

I want to be on the AFAI mailing list

Please send me promotional material for medicine recycling