

Contact name	Classification (tick one)		
	Private	Collector	Institution

Address	Email Address

City	State	Zip code	Preferred contact number (Telephone)

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