



# DONOR CARD

**Contact Name**

**Classification** (pick one)

	Private	Collector	Institution
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**Address**

**Email Address**

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**City**

**State**

**Zip Code**

**Preferred Contact Number**(Telephone)

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**How do you know about us?**

**Source of the medication**

AFA Website ☐  
Magazine ☐  
Friend ☐  
Newspaper ☐  
Special Event ☐  
Postcard ☐  
Other: \_\_\_\_\_

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 AFA mailing list ☐

Please send me promotional marterial for medicine recycling ☐