

CRAFFT Card Request Form

**Please fax to: 617-730-0049
Attention – Shari Van Hook**

Name: _____

Organization: _____

Job Title: _____

Street Address: _____

City/Town: _____

State: _____ Zip Code: _____

Phone Number: _____

Number of CRAFFT Cards requested: _____
(Maximum – 25)

Suggested tax-deductible donation: \$1.00/card or \$20.00/25 cards, plus \$2.50 for shipping and handling.

Please make checks out to: Children’s Hospital Boston – ASAP Philanthropic Fund
Mail checks to: Shari Van Hook
Center for Adolescent Substance Abuse Research
Children’s Hospital Boston
300 Longwood Ave
Boston, MA 02115

(We can not accept credit card payment at this time.)

Please allow 7-10 days for delivery.

If you have any questions regarding your order, or need more than 25 cards, please call the Center for Adolescent Substance Abuse Research at 617-355-5433.