



*Burke Council on Alcoholism
& Chemical Dependency*
201 White Street
Morganton, NC 28655
828-433-1221

____ Yes, I want to make a contribution to the health and wellness of my community.

Name: _____

Mailing Address: _____

City, State, Zip: _____

Best Email: _____

Best Phone: _____

_____ Check for \$ _____, payable to BCACD.

_____ Credit card payment of \$ _____

Visa _____ MasterCard _____

American Express _____ Discover _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Name as it appears on Card: _____

(please PRINT)

Card Billing Address: _____

City, State, Zip: _____

Signature: _____

Thank you!

**Together we can work toward creating a Recovery Oriented
Community of Care.**