





CRAFFT Card Request Form

Please email the information below to crafft@childrens.harvard.edu

You may also complete and mail the completed form and your tax-deductible donation to the address noted below.

Name:	Date:
Job Title:	
Organization:	
Street Address:	
City/Town:	
State:	Zip Code:
Phone Number:	
Email Address:	
Number of CRAFFT Cards requ (Maximum: 25, see note below for	ested: (2.1) (2.1+N) or exceptions)
Suggested tax-deductible dona \$1.00/card or \$20.00/25 cards, p	tion: us \$2.50 for shipping and handling.
Payment options:	
1. (Preferred) Via credit ca	rd at www.crafft.org > "Donate"
2. Via mailed check. Please	allow 7-14 business days for delivery.
Note in Memo:	D: Boston Children's Hospital CRAFFT Fund #96357
Mail checks to:	Center for Adolescent Behavioral Health Research 300 Longwood Avenue, Mailstop 3189 Boston, MA 02115

If you have any questions regarding your order, or need more than 25 cards, please call the Center for Adolescent Behavioral Health Research (CABHRe) at 617-355-5433 or email crafft@childrens.harvard.edu.