

**NORTHEAST DELTA CIT
Donation Form**

Please join us in fulfilling our mission to provide specialized training for officer safety and for understanding for persons in a mental illness crisis.

Donor Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____
Email: _____

- I prefer to make my donations anonymously.
- I wish to make this donation In Honor of: _____
- I wish to make this donation In Memory of: _____
- Please notify the following of this donation with a gift card without the amount:
Name: _____
Address: _____
Gift Card to be signed: _____

I would like to donate the following amount: \$ _____

Donations by Check: Please mail to:
Northeast Delta CIT
2649 Arkansas Road
West Monroe, LA 71291

Donations by Credit Card: Please charge my gift of \$ _____ to my:
____ VISA ____ MasterCard ____ American Express ____ Discover
Card Number _____ Expiration Date: ____/____/____
Signature _____ Date: _____

I would like a receipt. (Northeast Delta CIT tax exempt status is in processing.)

- I wish to receive future email correspondence.
- I would like to volunteer with the Northeast Delta CIT.

The Northeast Delta CIT does not share donor contact information with any third party.

Northeast Delta CIT, 2649 Arkansas Road, West Monroe, LA 71291; Fax 318.397.7407

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