



CRAFFT Card Request Form

Please fax to: 617-730-0049
Attention – CRAFFT Card Administrator

Name: _____

Job Title: _____

Organization: _____

Street Address: _____

City/Town: _____

State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

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.

*We cannot accept credit card payment at this time.
Please allow 7-10 days for delivery.*

Please make checks out to: Children's Hospital Boston – ASAP Philanthropic Fund
Mail checks to: CRAFFT Card Administrator
Center for Adolescent Substance Abuse Research
Boston Children's Hospital
300 Longwood Ave. MS 3114
Boston, MA 02115

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.