

Would you like to become a PARTNER?
Please read, sign and return this to:

Coalition For A Safe And Drug-Free Clay County
P. O. Box 11
Hayesville, NC 28904
safeanddrugfreeclaycounty@gmail.com

Partnership Pledge

I promise to uphold the alcohol, tobacco and drug laws of my country, state, town and county. I will do everything I can to prevent children from using drugs; to help those who have started to stop; and, to help those who can't stop, because they have become addicted, recover. I will join with others in our community to make it a place where children can grow up free from alcohol, tobacco and other illegal drugs, where they will be healthy and capable of reaching their full potential.

Signed: _____

Name: _____

Address: _____

City: _____ State: _____

Phone: () _____

E-mail: _____

Contributions to the Coalition For A Safe And Drug-Free Clay County are appreciated and deductible for Income Tax purposes.