



D.A.R.E. needs your support!

_____ Yes Sheriff, it would be my pleasure to contribute to the Gloucester D.A.R.E. program.

Enclosed is my contribution of:

() \$25 () \$50 () \$100 () \$250 () \$500

() other \$ _____

The following indicates the area of the D.A.R.E. Program I wish to support:

_____ D.A.R.E. Operations Fund

_____ D.A.R.E. Scholarship Fund

_____ In memory of _____

_____ In honor of _____

Name: _____

Address: _____

Please make checks payable to:

Gloucester D.A.R.E. Program
7502 Justice Drive
Gloucester, VA 23061