



# Drug Free San Juan County, Inc.

P. O. Box 444, Farmington, NM 87499

Web: [drugfreesanjuancounty.org](http://drugfreesanjuancounty.org)

www.Facebook page.com/Drug free san juan county

DWI Victim Impact Panel\*\*Project Graduation\*\*Meth Impact Panel

Sponsors: Pinon Family Practice, Smith's Food & Drug Center, KFC, Sam's Club, Basin Home Health, Allen Theaters, Walmart W., Walmart E.

## DONATION REFERRAL FORM

Date of Referral: \_\_\_\_\_ Docket or Citation #: \_\_\_\_\_

Name of Referring Agent: \_\_\_\_\_

Institution Name of Referring Agent: \_\_\_\_\_

Defendant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Comments: YOU ARE DIRECTED TO PAY THE SUM OF \$\_\_\_\_\_.  
Payment to be made by CASH, CASHIERS CHECK OR MONEY ORDER ONLY.  
PAYMENT MUST BE MADE WITHIN THIRTY (30) DAYS OF THE DATE  
OF THIS REFERRAL.

### MAKE MONEY ORDERS PAYABLE TO and MAILED TO:

DRUG FREE SAN JUAN COUNTY, INC.

ATTN: Nila Hamblin, President

PO BOX 444

FARMINGTON, NM 87499

PHONE: 505-325-7022

Please include a copy of this referral form with your payment. A receipt will be returned to you which must be submitted to the REFERRING AGENT either in person or by fax or mail.

ADDITIONAL COMMENTS: \_\_\_\_\_

**The Purpose of Drug Free San Juan County, Inc.**, a non-profit organization, is to provide awareness, education and prevention strategies to STOP alcohol and drug abuse and addiction.

**Goals of Drug Free San Juan County, Inc.** are to be a resource center for drug abuse information and to help parents, schools, churches and community organizations become aware of drug problems and stop the abuse in our county. All donations are used to further our goals.

### Programs sponsored by Drug Free San Juan County, Inc. include:

Project Graduation for all county public High Schools; DWI Victim Impact Panel;

Meth Impact Panel (Methamphetamine and other drugs); Monthly Educational Meetings

\*\*\*Donations are tax deductible and Taxation & Revenue ID Number will be given upon request.

Request for Taxpayer ID Number: \_\_\_\_\_ Yes \_\_\_\_\_ No

For Drug Free San Juan County purposes only:  
**Payment amount received at Drug Free San Juan County, Inc.:** \_\_\_\_\_  
**Date Payment Received at Drug Free San Juan County, Inc.:** \_\_\_\_\_