

# National Substance Abuse Prevention Month

As you know over the years the City of Angels has assisted the many families whose loved ones suffered from addiction. The team of coaches and volunteers work hard day after day to provide the useful and necessary information and training to help comfort those families, the addicted, recoverees, and friends with the tools and advice to face their addiction, and never is a fee charged to them or their families. All our funds come from people like you who support our non-profit organization.

In October during **National Substance Abuse Prevention Month (NSAPM)**, we are raising awareness of the ongoing pressing problem of substance abuse that continues to destroy people and families. We provide the necessary programs through Recovery Coaches, training, and assistance in aftercare.

We are asking friends of the City of Angels to make a modest monthly donation of just \$9.00 a month so we can continue to provide ongoing services and critical assistance in addressing substance abuse. Just \$9.00 a month, which is a little more than \$100.00 per year will make a big difference in the fight against substance abuse in a big way. There isn't a better time than this October during NSAPM to commit to helping protect your family, your community, and those in active addiction needing help.



Tears of confusion and helplessness overwhelm loved ones, and people you know. They need your help! The City of Angels has provided substance abuse services compassionately to our community and the surrounding areas for over 10 years. We need your support now to help others. COVID -19 has exasperated an already disastrous substance abuse public health crisis. **PLEASE HELP by checking a box below.**

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I'm ready to step up and help in this small way. I am willing to provide \$9.00 a month every month charged to my credit card. Credit Card # \_\_\_\_\_ Exp. \_\_\_\_/\_\_\_\_ CCV \_\_\_\_\_

Name on Card #: \_\_\_\_\_ Phone # \_\_\_\_\_

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

Email Address \_\_\_\_\_

Please make the above a Memorial Contribution for someone lost from addiction and place their name on your Memorial Page - First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I want to make a one-time contribution to get post-treatment recoverees started at a Sober Living Facility. Please charge my credit card for a one-time contribution of \$350.00.