



# SPONSOR A DECISION MAKER DVD FORM

Complete this form and send check or money order payable to: "CAFC"  
Mail to: CAFC PO Box 327, Roseville, CA 95678-0327  
OR fax completed form to 916-749-4041 with credit card information  
OR call 916-749-4033

**Please select one the following donation options:**

**4-DVD Sponsorship for my \$100.00 donation**

**8-DVD Sponsorship for my \$150.00 donation**

**16-DVD Set Sponsorship for my \$250.00 donation**

If you are donating a 4 or 8-DVD set check the boxes for the DVDs you want sent in your set

[Check here if you would like us to select the 4 or 8-DVD set for you](#)

Check the Complete Set box for the 16 DVD set donation

F0 & F1: Intro Remarks & The Dynamics of Intimate Abuse  
F3: The Challenges Posed by Same-Gender IPV  
F4: Mandatory Arrest-Professional & Personal Perspectives  
F5: 30 Years of Research on Partner Violence  
F6: Female Perpetrators-The latest Research  
F7: Domestic Violence in Ethnic Minority Populations  
F9: Connections Between Partner & Child Physical Abuse  
F11: Screening & Substantiation of Different Types of DV

S1: Bias Assimilation, Belief Perseverance, Groupthink  
S2: Gender-Inclusive Systemic Therapy for DV  
S3: Research-based Intervention for Partner Violence Perps  
S5: History of the DV Movement in the Western World  
S6: Family Roots of Adolescent Violence in Relationship  
S7: Intervention in Disputed Child Custody Cases  
S8: Couples and Family Interventions  
S9: Working with Children of Abuse  
**Complete 16 DVD Set**

[Do you want your DVD sponsorship to be anonymous?](#) Yes No

[Do you want CAFC to select your sponsorship for you?](#) Yes ~~NO~~

If CAFC selects the decision maker for you we will send it to the person in your district or ZIP Code that will have the strongest impact for your area

SHIP to NAME \_\_\_\_\_

SHIPPING ADDRESS: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

YOUR NAME or Org. \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

\_\_ VISA \_\_ MASTERCARD NO. \_\_\_\_\_ Exp. Date \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

CARDHOLDER'S ADDRESS : Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

CARDHOLDER'S SIGNATURE (mail & fax only) \_\_\_\_\_

Total Amount of Donation \$ \_\_\_\_\_

Additional comments or instructions you would like to make: