



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 ~~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: