



One Mission, One Voice

Application Form *Friend*

I want to be part of the Illinois Coalition Against Domestic Violence.

Date: ____ / ____ / ____

(Your Name - Printed)

(Phone)

(Email)

(Street Address)

(City)

(State)

(Zip)



Don't forget to send us your signed copy of the *Friendship Assurances* along with this form!

May we add your email to the *ICADV Friends* listserve? Yes No

Your \$25 annual contribution supports our public policy work.

Thank you for joining us as we use our collective voice to advocate with and on behalf of victims and survivors of domestic violence.

Friend dues and money donated to fund policy work are not tax deductible. If you wish to make an additional tax deductible donation, you can visit our website or call us and ask about charitable giving options.



How may we acknowledge your friendship in our annual report, Lobby Day handouts, website, etc.?

By Name **Anonymously**

Payment Information

- Check
- VISA
- MasterCard



Credit Card Number: _____

Expiration Date: ____ / ____

Security Code Numbers: _____

Card Holder Name: _____

Amount: _____

**If you are donating additional funds to further advance our policy work, you can write the total amount (including the \$25 membership dues) on the line above. Thank you!*



One Mission, One Voice

Friendship Assurances

The Illinois Coalition Against Domestic Violence (ICADV) is dedicated to the elimination of violence against women and their children through the following vision:

- **To promote** the eradication of domestic violence across the state of Illinois;
- **To ensure** the safety of survivors, their access to services, and their freedom of choice;
- **To hold** abusers accountable for the violence they perpetrate; and
- **To encourage** the development of victim-sensitive laws, policies and procedures across all systems that impact survivors of domestic violence.

The mission of the Illinois Coalition Against Domestic Violence is the following:

- To provide statewide leadership as the voice for survivors of domestic violence and the programs that serve them.
- To change fundamental societal attitudes and institutions that promote/tolerate/condone domestic violence.
- To ensure that women and children have knowledge of and access to all services and opportunities, including crisis telephone counseling, temporary shelter, peer and professional counseling, assistance in obtaining community resources, help to acquire employment skills, work referral, legal advocacy, etc., endeavoring to provide these services locally.

In a way that:

- Respects women's and children's choices and cultural diversity and
- Utilizes all available means:
 - Public policy advocacy,
 - Program capacity and delivery,
 - Community awareness and education,
 - Cooperation with associated agencies, and
 - Partnerships with communities and key stakeholders.

If you agree with the above and you wish to become or remain a Friend of ICADV, please print and sign this form. Submit the completed form along with the rest of your application to:

ICADV, 801 S. 11th St., Springfield, IL 62703

I, _____ hereby affirm my commitment to the specific
(Printed Name)
and primary purposes of the Illinois Coalition Against Domestic Violence, as stated and given above.

Signature

Date