

*Together, we can restore hope and optimism.*

**PHOENIX RISING BEHAVIORAL HEALTHCARE AND RECOVERY, INC**

**DONATION FORM**

\$25.00     \$50.00     \$75.00     \$100.00     \$250.00     \$500.00  
 \$750.00     \$1000.00     \$1500.00     \$2000.00     \$2500.00     \$5000.00  
 \$7500.00     \$ \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail \_\_\_\_\_

**PAYMENT INFORMATION:**

CASH             CHECK             CREDIT CARD

TYPE OF CREDIT CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FORWARD ALL DONATIONS WITH THE ABOVE FORM TO:**

**PHOENIX RISING BEHAVIORAL HEALTHCARE AND RECOVERY, INC**  
**4974 HIGBEE AVE NW**  
**SUITE 209**  
**CANTON, OH 44718**  
**ATTN: KELLY BENNINGTON**  
**Funding Enrichment Manager**

**Phoenix Rising IS A 501 (C) 3 NON-PROFIT ORGANIZATION.**  
**TAX ID: 20-2943479**