

Together, we can restore hope and optimism.

PHOENIX RISING BEHAVIORAL HEALTHCARE AND RECOVERY, INC

DONATION FORM

| | | | | |
|-----------|-----------|-----------|-----------|-----------|
| \$25.00 | \$50.00 | \$75.00 | \$100.00 | \$200.00 |
| \$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.
624 MARKET AVE. N.
CANTON, OH 44702
ATTN: KATHLEEN SOLVEY

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