



PRINTABLE DONATION FORM

Your gift will help to change and save lives of individuals and families affected by the disease of addiction.

Thank you for your generous support!

Donor information:

Full Name: _____

Address: _____

City/State: _____ Zip: _____

Phone: (____) _____ E-Mail: _____

____ I prefer to make this donation anonymously.

Gift amount:

____ \$50 ____ \$100 ____ \$250 ____ \$500 ____ \$1,000 ____ \$2,500 ____ \$5,000 ____ Other \$ _____

____ Check enclosed (payable to New Horizon Treatment Services)

____ Credit Card ____ MC ____ Visa

Card# _____

Expiration Date _____

Signature, _____

Matching Gift:

Please check with your human resources department for matching gift opportunities and send their form with your donation.

Optional for gifts designated to Annual Fund:

Tribute/Memorial

____ My gift is being made in honor of: _____

For his/her: ____ Anniversary ____ Birthday ____ Graduation ____ Other.

Or in memory of: _____

Please send a card acknowledging my gift to the honoree/family member listed below:

Full Name: _____

Address: _____

City/State/Zip: _____

New Horizon Treatment Services is classified as a 501-C3 Tax Exempt Corporation.
All gifts are tax-deductible.