

Please complete this form and send it along with your donation to:
Glenbeigh Development, P.O. Box 298, Rock Creek, OH 44084.

Yes, enclosed is my gift to Glenbeigh in the amount of \$_____

Contributor Information (Please print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Payment Information

Enclosed is my check or money order made payable to **Glenbeigh Development**

Credit Card

Type of Card: MasterCard VISA Discover

Card Number: _____

Expiration Date: _____ CCV Code: _____

Name as it appears on card: _____

Cardholder Signature: _____

Gift Designation

Please direct my gift to the following (choose only one):

Extended Treatment Facility Annual Fund

Scholarship Fund * Lew's Fund

Endowment Fund

* Please print out the special Have-A-Seat form if you'd like to make a commemorative gift to the scholarship fund.

Matching Gift Information

Yes, my employer matches charitable gifts and my paper work is enclosed.

Yes, my employer matches charitable gifts and I will send the appropriate paperwork.

Memorial and Tributes (optional)

- This gift is made in memory of _____
- This gift is made in honor of _____

A notification of your memorial or tribute gift will be sent promptly to the person listed below. The gift amount will not be indicated.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Your gift will help families begin their recovery.

Thank you for your generosity!

For more information, please contact the Development Office at 800-234-1001.

P.O. Box 298, Rock Creek, Ohio 44084