

Thank you for considering a gift in support of Glenbeigh's efforts to provide treatment services for chemical dependency. If you need assistance, please contact the Glenbeigh Development Office at 800-234-1001.

Contributor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Gift Amount

I'd like to make a donation in the amount of: \$ _____

Gift Designation

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

- Endowment Fund
- Scholarship Fund
- Construction and Renovation Fund

Payment Information

- Credit Card
Type of Card: MasterCard VISA Discover
Card Number: _____ Digits only (i.e.1234123412341234)
Expiration Date: _____ Digits only (i.e. 0210)
CCV Code: _____ (Three digit number on back of card)
Name as it appears on card: _____

Matching Gift Information

- 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: _____

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