Centerstone Donation Form



Thank you for giving and joining us in the mission to deliver care that changes people's lives!

DONOR INFORMATION	ON
Donor Name	
Mailing Address	
Preferred Phone	
Preferred Email	
Recognition Listing Nar	me Anonymous Gift (Optional)
Donation is made:	☐ In honor of ☐ In memory of or ☐ On the occasion of
Send acknowledgm	nent to:
Mailing address / e	email:
DONATION INFORMA	ATION
Donation Amount \$_	Date of Gift This is a payment on a previous pledge.
□ ı/'	We would like to make this a monthly, recurring gift using credit card information below.
☐ Cash/Check	☐ Credit Card
(<i>payable to</i> Centerstone)	Credit Card # Exp. Date/ Security Code Name on Credit Card Cardholder Signature Billing Address (if different from above)
GIFT DESIGNATION	
Please designate my gif	ft for use in the following area:
☐ Changing Lives Toge	ether Fund (Area of Greatest Need) Endowment (securing Centerstone's future through philanthropy)
CARES Fund (Direct cl.	lient assistance) National Mental Health Research Fund (advancing care)
☐ Military Services (ple ☐ Area of Greate List further restriction, i	
	accepting a singular donation to Centerstone. Please have the donor complete all sections for accurate recording of gift. re below. If the donor prefers, you may also direct them to make their donation online at: Centerstone.org/give.
	Oonation Telephone
• Email a scan of the cash	th your location's daily deposit. Include a copy of this form in deposit information to Finance Dept. h/check, this form, and deposit information to foundation@centerstone.org . depositing a donation or you have questions, contact Foundation staff at foundation@centerstone.org or 877-277-9820.