



(Please PRINT all information clearly)

Date: \_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_

(payable to Sunrise House Foundation)

Name : \_\_\_\_\_

\_\_\_\_\_

Address : \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_

(Receipt will be sent to the address above.)

I would like to apply my gift to (please choose one):

- General Donation
- The Mother and Me Program
- The Halfway Home
- Adolescent Rehabilitation Services Intensive In- and Out-Patient
- Medically Assisted Detoxification Program

Gift in memory of (name of deceased):

\_\_\_\_\_

Send acknowledgement card to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

We thank you for your support.

Your contribution is tax deductible