

Thank you for considering a gift to Devereux Advanced Behavioral Health.
Your generous support will help change the lives of children and adults with special needs.
To give via our secure website please visit us at devereux.org/giving.

- Yes, I would like to help Devereux make a difference.
- I/we have enclosed a check in the amount of \$ _____ made payable to the **Devereux Foundation**
- I/we would like to remain anonymous in all donor-related publications.

Billing Information

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Email: _____
Please charge this amount to my credit card: \$ _____
Credit Card Information: Mastercard Visa American Express Discover
Account Number: _____
Expiration Date: _____
Print Name (as it appears on card): _____
Signature: _____

Please Designate My Donation

- Where the need is most essential
- To a Devereux center Center Name: _____
- To a Specific Fund Fund Name: _____

Tribute Information

- In honor of: _____
- In memory of: _____
- Please send notification of this gift to with the following note:
Name & Address: _____
Note: _____

Joint Donor Information

Name: _____

Matching Gift Information

Employer Name: _____
Address: _____

Estate Planning Information

- I would like information on how to include Devereux in "My Will."
- Please send me information on how Devereux can provide me with a life income and reduce my taxes.