

## Thank you for considering a gift to Devereux Advanced Behavioral Health Massachusetts & Rhode Island.

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 [devereuxma.org/giving](http://devereuxma.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 **Devereux Massachusetts**.
- I/we would like to remain anonymous in all donor-related publications.
- I/we would like to make a recurring monthly donation of \$ \_\_\_\_\_ for \_\_\_\_\_ months.

### 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: \_\_\_\_\_ CVV: \_\_\_\_\_

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.

**For more information:** Contact David Wahl, Director of Development and Strategic Planning at (774) 437-2259.

**Mail to:** Devereux Massachusetts, Development Office, Post Office Box 219, Rutland, MA 01543-0219