

**Thank you for considering a gift to Devereux Advanced Behavioral Health New Jersey.** 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 [devereuxnj.org/giving](http://devereuxnj.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 New Jersey**.
- 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 Shamra Spencer, Senior Development Manager at (856) 599-6421.

**Mail to:** Devereux New Jersey, Development Office, 1515 Burnt Mill Road, Cherry Hill, N.J., 08003