

Donation Form

Thank you for considering a gift to Devereux Advanced Behavioral Health Pennsylvania.

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 devereuxpa.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 Pennsylvania**.
- ☐ 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 Theresa Russell, Regional Director of Development at (610) 801-2176.

Mail to: Devereux Pennsylvania, 444 Devereux Drive, Villanova, PA 19085