

Please print this form, fill it out, and send along with your donation to:

**Jake Bower**  
**P.O. Box 854**  
**Pinellas Park, FL 33782**

**Payment Method:**

Your contribution (no matter how big or small) will help us provide the best possible care, therapeutic services and medications available.

Here is my contribution of:

- \$ \_\_\_\_\_
- Cash enclosed.
- Check enclosed.

Your First & Last Name: \_\_\_\_\_

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

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Country  
(if outside U.S.A.): \_\_\_\_\_

E-Mail address: \_\_\_\_\_

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

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Please send me the monthly Newsletter.

Form continues on the next page.

**If you would you like this gift to be a tribute, please answer the following:**

This gift is... (select one)

In Memory of

In Honor of

To Mark a Special Occasion:

Birthday

Graduation

Anniversary

Other \_\_\_\_\_

Honoree's Name: \_\_\_\_\_

**To have notification card(s) sent, please complete the following.**

I would like a notification card without the gift amount mailed to:

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

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

City, State, Zip: \_\_\_\_\_

Country (if outside U.S.A.): \_\_\_\_\_

From (Your name as you would like it to appear on the card): \_\_\_\_\_

I would like a *second* notification card without the gift amount mailed to:

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

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

City, State, Zip: \_\_\_\_\_

Country (if outside U.S.A.): \_\_\_\_\_

From (Your name as you would like it to appear on the card): \_\_\_\_\_