



HIGH WATCH DONATION FORM

Your generous gift allows us to continue to provide effective and affordable care for all of those in need. We are most grateful for your support. Thank you!

I am donating the sum of \$ _____ to High Watch Recovery Center.

I want my gift to be used for:

- Wilson Bed Scholarship Fund
- Unrestricted
- Endowment Fund
- Other: _____

Please mail your donation to:
High Watch Recovery Center | Attn: Donations, PO Box 607 CT 06757

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

Make check payable to: **High Watch Recovery Center**

Payment (circle) Check MC VISA Card# | _ | _ | - _ | - _ | _ | _ | _ | _ | _ | _ | - _ | _ |

Expiration Date: _____ eve _____ Signature: _____