



HIGH WATCH DONATION FORM

Your generous gift strengthens our community of hope and healing and brings the gift of recovery to all who seek it.

I am pleased to make my gift of \$ _____ to High Watch Recovery Center.

Please direct my gift toward:

☐ Wilson Beds Scholarship Fund

☐ Area of Greatest Need

☐ Staff Support

☐ Other: _____

☐ I/we wish for this gift to be anonymous

☐ I/we have included High Watch in our estate plans.

☐ This gift is in honor/memory of _____

Please mail your donation to:

High Watch Recovery Center, 62 Carter Road, P.O. Box 607 Kent, CT 06757 | Attn: Philanthropy

FIRST NAME

LAST NAME

ADDRESS

CITY

STATE

ZIP

PHONE

E-MAIL

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

Payment (circle): Check MC VISA AMEX

Card# _____

Expiration Date: _____ CVV: _____ Signature: _____

High Watch Recovery Center - 62 Carter Road, P.O. Box 607 Kent, CT 06757 - Telephone: (860) 927-3772

High Watch Recovery Center, Inc. is a federally recognized 501(c)(3) non-profit and donations are tax-deductible to the full extent of law.