



The Providence Center Mail-In Donation Form

**Yes! I want to change lives for people experiencing mental illness and addiction problems!
Here is my gift:**

- \$25 will provide a parent education group session
- \$50 will provide an individual therapy session
- \$100 will provide a family therapy session
- \$500 will provide group therapy for 5 patients for 1 month
- \$750 will provide group therapy for 7 patients for one month
- \$1,000 will provide group therapy for 10 patients for one month
- Other: _____

I wish my gift be given:

- In memory of _____
- In honor of _____

Please notify the following person(s) of my gift:

Name _____

Address _____

City/State/Zip _____

- I prefer my gift remain anonymous.
- My company _____ will match my gift.
Company Name

I have included The Providence Center in my will or other estate plans or would like more information about this type of giving.

Please send me information about *The Charles E. Maynard Society*.

Please mail this form along with your check payable to **The Providence Center** to:

Lisa Desbiens, CFRE
Chief Development Officer
The Providence Center
528 North Main Street
Providence, RI 02904

Phone (401) 528-0127 Fax (401) 528-0124 email: ldesbiens@provctr.org

Credit Card Information

- Please charge the below amount monthly to my credit card until further notice.
- Please charge the below amount one time to my credit card:
Amount to be charged to credit card: _____ VISA MasterCard

Name on Card: _____

Credit Card Number _____ - _____ - _____ - _____

Signature _____