Pine Rest Foundation Donation

Your gift today will impact our community by providing:

- Hope to families struggling with a loved one who has a mental illness or a developmental disability.
- Healing to marriages in crises and broken relationships.
- Health to children and older adults suffering with chronic and debilitating mental health issues.

Gift Designation

❑ Where Needed Most
❑ Patient Assistance Fund
❑ Pine Rest Christian Homes
❑ Clinic nearest to my address or (specific clinic):

_____

❑ Pine Rest Foundation Endowment Fund
❑ Pine Rest Christian Homes Endowment Fund
❑ Pine Rest Iowa Endowment Fund
❑ Other: _____

Payment Information

❑ Check enclosed *(payable to Pine Rest)*

❑ Please bill my credit card:
Credit Card Type:
❑ Visa ❑ Master Card ❑ American Express

Credit Card Amount: $_____

Cardholder Name: _____

Credit Card Number: _____

Exp. Date: ___ /___ 3 or 4-digit Security Code: ____

Sign here _____

Personal Information

Prefix: ❑ Mr. ❑ Mrs. ❑ Ms. ❑ Miss ❑ Dr. ❑ Rev.

First Name: _____ Middle Initial: _____

Last Name: _____

Address: _____

_____

City: _____

State: _____ Zip Code: _____

Home Telephone: ( ) _____

Office Telephone: ( ) _____

E-mail: _____

Name(s) as you would like it to appear in the annual report if different than above.

Printed Name: _____

Gift Options

❑ This gift is:

In honor of _____

In memorial of _____

❑ Please send an acknowledgment letter to:

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

❑ My employer has a matching gift program.

Employer Name: _____

Phone Number: ( ) _____

Address: _____

_____

City: _____

State: _____ Zip Code: _____

Additional Information

❑ Would like planned gift information. Please have a Development Officer contact me/us.
❑ Would like to include Pine Rest in my/our trust/will.
❑ Would like information about how our church/group can support Pine Rest.

Would like to receive copies of *(check all that apply)*:
❑ Pine Rest Annual Report
❑ Pine Rest News
❑ Foundations for the Future (Planned Giving Newsletter)
❑ Please add me/us to your email mailings

Comments

How did you hear about Pine Rest?

_____

_____

Thank You!

Please send completed form to:

Pine Rest Foundation, PO Box 165, 300 68th St. SE, Grand Rapids MI 49501-0165 or fax to (616) 222-4546

Questions? Call (616) 455-8680