



## Mail-In Donation Form

*Please print clearly and include with your mail-in donation.*

### Donor Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Organization Name: (Please fill out if the donation is on behalf of an organization)

\_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Donation made in honor of/memory of: \_\_\_\_\_

### Payment Information

One-Time Gift Amount: \_\_\_\_\_ Monthly Gift Amount: \_\_\_\_\_

I am enclosing a check payable to Maryville Addiction Treatment Center

Please charge my credit or debit card:  Visa  MasterCard  American Express

Card Holder's Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Card Holder Address (if different than the donor address)

\_\_\_\_\_

Please mail your gift with this completed form to:

Maryville Addiction Treatment Center  
Attention: Development Office  
121 Johnson Road, Suite 3, Turnersville, NJ 08012

Questions? Please call (856) 227-2717, ext. 200 or e-mail [development@maryvillenj.org](mailto:development@maryvillenj.org).