

New Horizons Rehabilitation Services, Inc.

"Building Opportunities for People with Disabilities"

DONATION FORM

Name _____

Company Name (if applies) _____

Address _____ City/State/Zip _____

Email Address _____

Donations

Enclosed is my gift by check (payable to "New Horizons Rehabilitation Services")

Please bill my: ____MC ____Visa Amount \$_____

Account # _____ Exp. Date _____

Signature _____

Memorial and Honoree Gifts

In Memory of _____ In Honor of _____

Please notify:

Name _____

Address _____

City/State/Zip _____

Information Request

I would like more information about:

- Planned Giving
- Charity Event Support
- Volunteering



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