

Donation Form

Yes! I want to help New Horizons help people with disabilities succeed and break employment barriers!

New Horizons Rehabilitation Services is a not-for-profit, 501(c)(3) charitable organization.

Donor's Name			
Company Name (if applies)			
Address			
City/State/Zip			
E-mail Address			
<u>Donations</u>			
☐ Enclosed is my gift by check payable to: New	Horizons Re	ehabilitatio	n Services
Amount \$			
☐ Please bill my (circle one) MasterCard	VISA	AmEx	Discover
Amount \$ Exp. Date			
Account #			
Signature			
☐ I paid Online on the amount of \$_	amount	In Memory	/Honor of below:
Memorial and Honoree Gifts			
In Memory of			
In Honor of			
Please notify: Name			
Address			
City/State/Zip			
In Kind Item Donations			
Item(s) Description:			
Value of Item(s) §			
Information Request			
I would like more information about: ☐ Planned Giving ☐ Charity Event Support ☐ Volunteering		1814	Pond Run Auburn Hills, MI 48326 Phone: 248-340-0559 Fax: 248-340-0689

www.newhorizonsrehab.org