



STROKE RECOVERY CENTER
 2800 EAST ALEJO ROAD
 PALM SPRINGS, CALIFORNIA 92262

hope, help & heart

DONATION FORM

Enclosed is my gift of: \$25 \$50 \$100 \$500 \$1,000 or \$ _____

This gift is an unrestricted contribution
 or given:

In Honor of In Memory of Special Occasion Other

Please make check payable to Stroke Recovery Center,

Or charge: Visa MC AmEx _____

Signature: _____ Expiration date: _____

Please send an acknowledgement of my gift to (**please print**):

Name _____

Address _____

City _____ State _____ Zip _____

Card to be signed as follows: _____

Donor Name _____

Address _____

City _____ State _____ Zip _____ Phone _____ Email _____

IF YOU NEED ASSISTANCE FOR CREDIT CARD PAYMENT:

Call James P. Martinez at 760-323-7676, extension 112 or email: jpmartinez@strokerecoverycenter.org

OR USE PAYPAL TO CHARGE ONLINE

THANK YOU FOR YOUR DONATION

An acknowledgement card will be sent to the person you designate (amount will not be indicated). All gifts are tax deductible to the extent of the law. 501(c) (3) nonprofit organization Tax ID -3402464