

Yes!

I wish to support the Copeland Center in its goal of spreading mental health Recovery!

I am making a gift of \$1000 \$500 \$250 \$100 \$50 Other\$_____.

I wish my gift to be anonymous.

I wish to make my gift in honor in memory of: _____.

Please send information so I can include the Copeland Center in my Will, trust arrangement, retirement account or insurance policy.

Every gift is significant and helps to make a difference.

Thank you!

Your Name(s): _____

Address: _____

Phone (H): _____ (W/C): _____

Email Address: _____

Enclosed is my check payable to The Copeland Center.

Please charge my gift to my credit card: VISA MasterCard

_____ / _____
Card # Exp. Date Security Code

Name on Card: _____ Signature: _____

Billing Address: _____

Billing Phone: _____ Email: _____

The Copeland Center is a 501(c)(3) organization. Your donation will be acknowledged and is tax deductible to the limit of the law. Thank you for your generosity.

Copeland Center
FOR WELLNESS AND RECOVERY
P.O. Box 6471
Brattleboro, VT 05302

