

I would like to support Silverleaf Sexual Trauma Recovery Services with my tax deductible contribution of:

\$1000 ___ \$500 ___ \$250 ___ \$100 ___ \$50 ___ \$25 ___ Other \$ _____

Please find my enclosed check made payable to Silverleaf Services

Please bill my credit card. One time donation Monthly Recurring donation

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Signature: _____ Date: ___/___/___ CV2 Code: _____

Name: _____

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City: _____ State: _____ Zip Code: _____

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| I wish to donate this gift in memory or honor (please circle) of _____

Please notify the following person(s) of my contribution: _____

Name: _____

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City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Please send in this donation form along with your generous contribution to:

Silverleaf Services
751 South Provident Way
Elizabethtown, KY 42701

Your gift is tax deductible to the extent permitted by law. Silverleaf Sexual Trauma Recovery Services is a 501(c)3 agency registered in the state of Kentucky.