



Dave Sams Memorial Fund Mail in Donation Form

Contributor Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

E-mail: _____

Gift Amount

I'd like to make a donation in the amount of: \$ _____

Gift Designation

Your donation will be directed to the Dave Sams Memorial Fund where proceeds will be used to promote recovery connections, fellowship and family interaction at Glenbeigh Niles.

Payment Information

Credit Card

Type of Card: MasterCard VISA Discover

Card Number: _____ Digits only (i.e. 1234123412341234)

Expiration Date: _____ Digits only (i.e. 02/10)

CCV Code: _____ (Three digit number on back of card)

Name as it appears on card: _____

Signature: _____

I have enclosed a check or money order.

Matching Gift Information

Yes, my employer matches charitable gifts and I will send the appropriate paperwork.

Please mail to: Glenbeigh Development
P.O. Box 298, Rock Creek, Ohio 44084

Thank you for your generosity!