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|  | **Donation Form***For Check and Money Order Gifts* |

### I would like to make a donation to:

⬜ **Adapt** to support substance use treatment and prevention for youth and adults.

⬜ **Compass Behavioral Health** to support mental health treatment and support services for youth and adults.

Donation Amount: $

I would like my gift to support:

⬜ Yes, I would like a receipt acknowledging my gift to be sent to me at the following address:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Address |  | | |
| City: | | State: | Zip: |

The IRS requires that we issue a receipt to the person whose name is on the check or money order.

⬜ I prefer that this gift remain confidential.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |

Please make your check or money order payable to **Adapt** and send it to:

Adapt

Billing & Finance

P.O. Box 1121

Roseburg, OR 97470