



Donation Form

For Check and Money Order Gifts

I would like to make a donation to:

- Adapt to support **substance use treatment for youth and adults.**
- Adapt to support **mental health services for youth and adults**
- Adapt to support **primary care services for children, adults and families**
- Adapt to support **community prevention and education programs**
- Adapt to support the **Southwest Oregon Regional Recovery Campus**
- Other: _____

Additional information:

Donation Amount: \$ _____

Adapt Integrated Health Care (Adapt) is a registered charitable nonprofit. Donations may be tax deductible. Please consult your tax advisor. Tax ID number: 93-0611783. No goods or services were rendered in exchange for this donation.

- 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 mail this form with your check or money order payable to **Adapt** to:

c/o Billing & Finance
Adapt Integrated Health Care
P.O. Box 1121
Roseburg, OR 97470