



**Gift Information:**

**Donation Amount:**

\$5,000  \$2,500  \$1,500  \$500  \$100  Other: \$ \_\_\_\_\_

**Donation Frequency:**  One Time  Monthly  Yearly

Check enclosed OR  Credit Card

**Credit Card #** \_\_\_\_\_

Mastercard  Visa  Discover  American Express

**Expiration Date:** \_\_\_\_/\_\_\_\_

**CVV Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Payment Information:**

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Last Name:** \_\_\_\_\_

**Suffix:** \_\_\_\_\_

**Country:** \_\_\_\_\_

**Address (billing address if paying with a CC):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State/Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**How would you like your donation to be acknowledged if other than the name listed above?**  
(Mr. & Mrs. Smith, The Smith Family, In honor of, In memory of, etc...)

: \_\_\_\_\_

I would like this gift to remain anonymous

**Please make all checks payable to:**

**BestSelf Behavioral Health**

**Please mail this form to:**

BestSelf Behavioral Health

255 Delaware Ave

Buffalo NY 14202

Gifts are tax deductible in keeping with current tax laws.

**Thank you so much for your support!**