



CHECK CONTRIBUTION FORM

Please Use This Form Only If Making A Contribution By Check.
A Secure Contribution By Credit Card Can Be Made Online

DONOR NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

EMAIL: _____

AMOUNT OF CONTRIBUTION:

\$25 \$50 \$75 \$100 \$250 \$500 \$750 \$1,000

\$5,000 OTHER (INSERT AMOUNT): \$ _____

PLEASE ALLOCATE MY CONTRIBUTION TO (IF LEFT UNMARKED CONTRIBUTION WILL GO TO THE GENERAL OPERATING FUND):

AQUATIC EXERCISE PROGRAM

COMPREHENSIVE AUTISM PROGRAM

GENERAL OPERATING FUND

CREATING OPPORTUNITIES SCHOLARSHIP FUND

OUTPATIENT FINANCIAL ASSISTANCE PROGRAM

PATSY'S DESTINY WHEELCHAIR ACCESSIBLE PLAYGROUND

PLEASE ACCEPT MY CONTRIBUTION:

IN MEMORY

IN HONOR

NAME OF PERSON HONORED/MEMORIALIZED: _____

SEND AN ACKNOWLEDGEMENT OF PERSON HONORED/MEMORIALIZED TO:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PLEASE PRINT THIS FORM AND MAIL WITH YOUR CONTRIBUTION BY CHECK

**BAY AREA REHABILITATION CENTER
ATTN: DIRECTOR OF MARKETING AND DEVELOPMENT
5313 DECKER DRIVE
BAYTOWN, TEXAS 77520**