HIGH WATCH
RECOVERY CENTER

High Watch Donation Form

Your generous gift allows us to continue to provide effective and affordable care for all of those in need.
We are most grateful for your support. Thank You!

I am donating the sum of $ _____ , to High Watch Recovery Center, Inc.

I want my gift to be used for:

- ❑ Endowment Fund
- ❑ Ed Clarke Fund
- ❑ Medical Wing Expansion
- ❑ Pauline Perry Fund
- ❑ Annual Fund
- ❑ Unrestricted
- ❑ Other:_____

Please mail your donation to: High Watch Recovery Center, Attn.: Donations, PO Box 607, Kent, CT 06757

FIRST NAME	LAST NAME

ADDRESS

CITY	STATE	ZIP

PHONE	E-MAIL

Make check payable to: High Watch Recovery Center

Payment (circle) Check MC VISA Card # |___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|___|

Expiration Date:_____ CVC: _____ Signature:_____

High Watch Recovery Center · 62 Carter Road, P.O. Box 607 Kent, CT 06757 · Telephone: (860) 927-3772

High Watch Recovery Center, Inc. is a federally recognized 501(c)(3) non-profit and donations are tax-deductible to the full extent of law.