

*Thank you for supporting  
our mission!*

*Your gift will help make Adriel a unique  
treatment environment for kids.*

My gift will be in the amount of: \_\_\_\_\_

Please designate my gift to :

**FUND** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_

Wherever it is most needed \_\_\_\_\_

KidsFund \_\_\_\_\_

Other: \_\_\_\_\_

*This gift is in honor of:*

*This gift is in memory of:*

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**PAYMENT INFORMATION**

\_\_\_ Check Enclosed      \_\_\_ Credit Card

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name (as you want it to appear in our Annual Report) \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_