



## 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:

- |   |  |
|---|--|
| <input type="radio"/> Endowment Fund    | <input type="radio"/> Ed Clarke Fund     |
| <input type="radio"/> New Dorm Building | <input type="radio"/> Pauline Perry Fund |
| <input type="radio"/> Annual Fund       | <input type="radio"/> Unrestricted       |
| <input type="radio"/> 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: \_\_\_\_\_ eve: \_\_\_\_\_ 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.*