

# GIVING FORM

You can share in our commitment to empower individuals, families, and communities to improve their quality of life and to influence public policy through the design and implementation of innovative, efficient, effective, and accountable behavioral health, social service, education, and economic development programs.



A subsidiary of **Friend Health**

When you participate, your donation will be transferred conveniently from your checking account or credit card directly to HRDI, a subsidiary of Friend Health. Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

I'd like to make a  Donation  Memorial Gift  Honor Gift  Anonymous Donation

In Memory/Honor of: \_\_\_\_\_

As a:  Monthly Gift **OR**  Annual Gift **OR**  One-Time Gift

On the:  1<sup>st</sup> of the month **OR**  10<sup>th</sup> of the month **OR**  20<sup>th</sup> of the month

Start Date: Month/Year: \_\_\_\_/\_\_\_\_

In the amount of:  \$5.00  \$10.00  \$15.00  \$20.00  
 \$25.00  \$50.00  \$100.00 \$\_\_\_\_\_ Other Amount (\$5.00 minimum)

Please apply my gift to:  General  Substance Abuse Programs  Mental Health Programs

The Dr. C. Vincent Bakeman Endowment Fund  HIV/Community Health  Gambling

Intellectual/Development Disabilities Programs  Youth Prevention/Services  Capital Improvement

The Frank Juzang Jr. Endowment Fund  Dr. Terra Thomas & Dr. Ollie M. Knight Endowment Fund

Friend Health / Primary Healthcare

**Enclosed is a voided check OR credit card information.** Please transfer my donation from my checking/credit card account. I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at [www.hrdi.org](http://www.hrdi.org) or by contacting HRDI, a subsidiary of Friend Health. All donations provided to HRDI, a subsidiary of Friend Health comply with U.S. Law.

 Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ (Required) Date \_\_\_\_\_