

Yes, please accept my gift to Pine Rest Christian Mental Health Services

Your gift today will impact our community by providing:

- Hope to families struggling with a loved one who has a mental illness or a developmental disability.
- Healing to marriages in crises and broken relationships.
- Health to children and older adults suffering with chronic and debilitating mental health issues.

Check enclosed Please bill my credit card

Credit Card Information

Cardholder Name: _____

Credit Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Donation Amount

I would like to donate \$ _____

Gift Information

I wish to support the ministries of Pine Rest.

Choose one of the two options below:

1) Please use my gift:

Where Most Needed

Patient Assistance Fund

Pine Rest Foundation

Endowment for Persons with Developmental Disabilities

Other: _____

2) I wish to designate my gift to a specific Pine Rest ministry:

Grand Rapids Area

- Developmental Disabilities Services
- Family Institute
- Belknap Commons
- Caledonia Clinic
- Campus Clinic
- City Clinic
- ECT Clinic
- Northeast Clinic
- Northwest Clinic
- Psychological Consultation Center Clinic
- Rockford Office
- Southwest Clinic
- Wyoming Clinic
- Inpatient Services

Greenville Area

- Greenville Office

Kalamazoo Area

- Kalamazoo Clinic

Lakeshore Area

- Grand Haven Clinic
- Holland Clinic
- Mercy-Muskegon Clinic
- St. Joseph Office
- Zeeland Clinic

Iowa

- Pella Clinic
- Des Moines Clinic

Personal Information

Prefix:

Mr. Mrs. Ms. Miss Dr. Rev.

First Name: _____

Last Name: _____

Middle Initial: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Telephone: _____

Office Telephone: _____

Email: _____

Name(s) as you would like it to appear in the Pine Rest Foundation Annual Report if different than above.

Printed Name: _____

Gift Options

Please check all that apply:

____ This gift is:
 in honor of _____
 in memorial of _____

____ Send an acknowledgment letter to:
 Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____

____ My employer has a matching gift program.
 Employer Name: _____
 Address: _____
 City: _____
 State: _____
 Zip: _____
 Employer Phone: _____

Additional Information

- ____ I/We would like more information about planned gifts.
 Please have Scott Halquist contact me/us.
- ____ I/We have included Pine Rest in my/our trust/will.
- ____ I/We would like information about how our church/group can support Pine Rest.

I/We would like to receive copies of (check all that apply):

- ____ Pine Rest Foundation Annual Report
- ____ Pine Rest Christian Mental Health Services Annual Report
- ____ Pine Rest News (Fall, Winter, Spring issues)
- ____ Foundations for the Future (Planned Giving Newsletter)

Comments

How did you hear about Pine Rest?

Thank You!

Mail to:

Pine Rest Foundation
300 68th Street
P.O. Box 165
Grand Rapids, MI 49501

FAX to:

616-455-5360

Questions?

Call 616-455-8680