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A LICENSED RECOVERY RESIDENCE FOR WOMEN

THANK YOU FOR CHOOSING TO HELP!

Your gift provides the opportunity for a woman to begin a new life.

NAME

ADDRESS

CITY **STATE**

ZIP **COUNTRY**

PHONE **EMAIL**

Please include the individual's name and relationship to you if you are making a joint gift.

If applicable, indicate the name of the person the gift is honoring.

LIVING

MEMORIAL

May we list your name in a public hosting of donors?

YES

PREFER NOT

AMOUNT OF YOUR DONATION