

PINE REST FOUNDATION DONATION

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.

GIFT DESIGNATION

- Where Needed Most
- Patient Assistance Fund
- Pine Rest Christian Homes
- Clinic nearest to my address or (specific clinic):

- Pine Rest Foundation Endowment Fund
- Pine Rest Christian Homes Endowment Fund
- Pine Rest Iowa Endowment Fund
- Other: _____

PAYMENT INFORMATION

- Check enclosed (*payable to Pine Rest*)
- Please bill my credit card:
Credit Card Type:
 Visa Master Card American Express
Credit Card Amount: \$ _____
Cardholder Name: _____
Credit Card Number: _____
Exp. Date: ____/____ 3 or 4-digit Security Code: ____
Sign here _____

PERSONAL INFORMATION

Prefix: Mr. Mrs. Ms. Miss Dr. Rev.
First Name: _____ Middle Initial: _____
Last Name: _____
Address: _____

City: _____
State: _____ Zip Code: _____
Home Telephone: () _____
Office Telephone: () _____
E-mail: _____
Name(s) as you would like it to appear in the annual report if different than above.
Printed Name: _____

GIFT OPTIONS

- This gift is:
In honor of _____
In memorial of _____
- Please send an acknowledgment letter to:
Name: _____
Address: _____
City: _____
State: _____ Zip Code: _____
- My employer has a matching gift program.
Employer Name: _____
Phone Number: () _____
Address: _____

City: _____
State: _____ Zip Code: _____

ADDITIONAL INFORMATION

- Would like planned gift information. Please have a Development Officer contact me/us.
- Would like to include Pine Rest in my/our trust/will.
- Would like information about how our church/group can support Pine Rest.

Would like to receive copies of (*check all that apply*):

- Pine Rest Annual Report
- Pine Rest News
- Foundations for the Future
(Planned Giving Newsletter)
- Please add me/us to your email mailings

COMMENTS

How did you hear about Pine Rest?

THANK YOU!

Please send completed form to:

Pine Rest Foundation, PO Box 165, 300 68th St. SE, Grand Rapids MI 49501-0165 or fax to (616) 222-4546
Questions? Call (616) 455-8680