

*the Samaritan Counseling Center*  
*of the Mohawk Valley, Inc.*

*Annual Fund Appeal*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_

*Contribution Amount*

\$25 \_\_\_\_\_  
\$50 \_\_\_\_\_  
\$100 \_\_\_\_\_  
\$150 \_\_\_\_\_  
\$300 \_\_\_\_\_  
\$500 \_\_\_\_\_  
OTHER \$ \_\_\_\_\_

YES, I'D LIKE TO RECEIVE YOUR NEWSLETTER.  
YES, I'D LIKE TO RECEIVE MORE INFORMATION ON

Please make check payable to Samaritan Counseling Center.

**Total Enclosed \$** \_\_\_\_\_ *Thank You!*

PAYMENT METHOD: CHECK # \_\_\_\_\_  
CREDIT CARD: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER \_\_\_\_\_  
CARD # \_\_\_\_\_

EXP DATE \_\_\_\_\_ 3 DIGIT CVC # \_\_\_\_\_  
SIGNATURE \_\_\_\_\_