

Please mail this form with your donation to:
ALAMO Addiction Recovery Center • 35 South Market St. Petersburg, VA 23803
804-651-0876 • info@alamorecoverycenter.org • alamorecoverycenter.org



Donation by Check

Contact Information

First Name: _____ Last Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____

Email Address: _____ Phone: _____

Join our mailing list? Yes _____ No _____ I have already joined _____

Donation Information

Amount: \$250 _____ \$100 _____ \$50 _____ \$25 _____ Other (please specify) _____

Would you like your donation to remain anonymous? Yes _____ No _____

Is this a tribute gift? If so, please specify the name and whether it is an honorary or a memorial gift:

Name: _____ Honorary _____ Memorial _____

Please make checks payable to ALAMO Addiction Recovery Center.

Thank you for supporting ALAMO Addiction Recovery Center.