



Substance use disorder affects one in three U.S. families. Due to stigma and shame, many still suffer in silence but don't have to be alone. Your gift helps provide authentic peer recovery support services for individuals impacted by substance use disorder.

Yes, count me in! I am part of the solution — people can recover, people do recover, and they are worth the effort!

Please accept my gift of:

\$25 \$50 \$100 \$250 \$500 Other : \$ _____

This is a recurring gift, automatically charge my card for _____ months (credit cards only).

Billing Information

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Payment Method

Enclosed is my check payable to Foundation for Recovery
 Please charge my credit card: MasterCard Visa AMEX Discover

Card Number

Exp. Date MM/YY ____/____ CVV _____

Memorial or Honor Gift Information

This donation is: In memory of _____ In honor of _____

Please send an acknowledgement letter/receipt for this donation to:

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Donations are tax deductible to the full extent of the law and pursuant to NRS 598. Please return the form to:

Foundation for Recovery, 4800 Alpine Place, Suite 12, Las Vegas, NV 89107