



Mountainside Scholarship Fund Donation Form

Please mail form to:

Mountainside Treatment Center
C/O Mountainside Scholarship
P.O. Box 717
Canaan, CT 06018

Donor Information (please print)

Name (First, Last) _____

Billing address _____

City, ST Zip Code _____

Email address _____

I'd like to make a non-tax deductible gift of:

\$50 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000 _____

This gift is:

In honor In memory Neither of: _____

Please send a card acknowledging my gift to the honoree/family member

Please send the card to:

Name (First, Last) _____

Billing address _____

City, ST Zip Code _____

Payment Information *(Please make checks payable to: Mountainside Scholarship Fund)*

I plan to make this contribution in the form of: cash check credit card

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____