**MAIL IN DONATION FORM**

 8889 Anchor Bay Drive

 Clay, MI 48001

 liveritestructuredcorp@gmail.com

 www.liveritestructuredcorp.com

|  |  |  |
| --- | --- | --- |
|  | Live Rite Structured Recovery Corp*Subsidizing the recovering addict’s housing, education, therapy, and aftercare.* |  |

### Donor Information

|  |  |
| --- | --- |
| Name |  |
| Billing address |  |
| City, ST Zip Code |  |
| Phone 1 | Phone 2 |  |
| Fax | Email |  |

### Donation Information

Please find my/our gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be paid: [ ] now [ ] monthly [ ] quarterly [ ] yearly

to Live Rite Structured Recovery Corp, enclosed. Please check the program you wish to donate to:

[ ] Housing [ ] Aftercare [ ] Counseling [ ] Life Skills and Education [ ] Health and Fitness

I/ we wish to make this contribution in the form of: [ ] cash [ ] check [ ] credit card [ ] other.

|  |  |
| --- | --- |
| Credit card type | Exp. date |  |
| Credit card number |  |
| Authorized signature |  |

Gift will be matched by (company/family/foundation)

### Receipt

I/We would like to receive our confirmation of receipt by [ ] mail [ ] email [ ] Fax to:

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: [ ] In memory of:

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Thank you for your generous support of Live Rite Structured Recovery Corp!**

|  |  |  |
| --- | --- | --- |
| Please make checks, corporate matches, or other gifts payable to:  |  | Live Rite Structured Recovery Corp8889 Anchor Bay Drive, Clay, MI 48001 |

**Tax exempt organization under 501 (c) 3 Internal Revenue Code, Section 170**