

Name \_\_\_\_\_

Organization \_\_\_\_\_

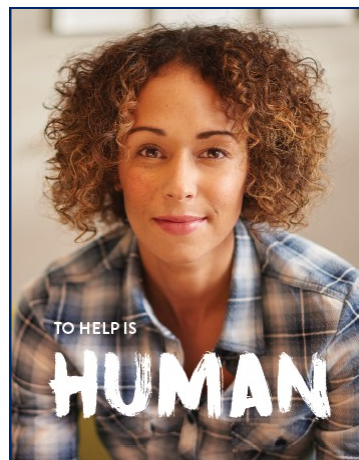
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## Designation

- Area of Greatest Need
- Addiction & Recovery
- Homelessness
- Family Services  
(including women, children, and families)
- Suicide Prevention



I wish to give a gift of \$ \_\_\_\_\_ to help Coleman continue to *Foster Recovery, Build Independence, and Change Destinies*

Check enclosed (*Payable to Coleman Professional Services*)

MasterCard  Visa  Discover  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_ CSC Code \_\_\_\_\_

This Gift is made:

In Honor of \_\_\_\_\_

In Memory of \_\_\_\_\_

Please notify \_\_\_\_\_

Address \_\_\_\_\_

*Notification of your thoughtfulness will be sent to the honoree or the family of the memorialized person.  
The amount of your gift will not be specified.*