

# RECOVERY ORGANIZATION OF SUPPORT SPECIALIST

3616 5th Avenue South Birmingham AL 35222

T: (205) 848-2112 F: (205) 848 – 2114

26 October 2018



## DONATION FORM

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Day Time Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Donation amount: \$ \_\_\_\_\_

Is this an anonymous donation?  Yes  No

Would you like to donate in someone else's name?  Yes  No

If yes, please write their name here: \_\_\_\_\_

**Payment Enclosed:** Payable to *Recovery Organization of Support Specialist*

**Return Payment to:** Recovery Organization of Support Specialist

716 37<sup>th</sup> Street South

Birmingham AL 35222

We sincerely appreciate your donation!