

Hemet Valley Recovery Center Assistance Fund  
Donation Form

Please complete this form and mail it along with your donation to:

Hemet Valley Recovery Center Fund  
371 N. Weston Place  
Hemet, California 92543

Donor Information:

Full Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-mail (optional): \_\_\_\_\_

\_\_\_\_ I prefer to make this donation anonymously.

Please apply my donation to the following program:

\_\_\_\_ Chemical Dependency Program

\_\_\_\_ Chronic Pain Program

\_\_\_\_ Older Adult Program

\_\_\_\_ Young Adult Program

\_\_\_\_ Residential Program

\_\_\_\_ Outpatient Program & Sober Living

\_\_\_\_ Please apply to any program

Gift amount: \$ \_\_\_\_\_

Credit card type: \_\_\_ Visa \_\_\_ MC \_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Credit Card Security Code: \_\_\_\_\_ (3-digit code printed on the back of most credit cards)

Name as it appears on credit card: \_\_\_\_\_

Expiration date on credit card (mm/yr): \_\_\_\_\_

Cardholder Address details:

Cardholder address: \_\_\_\_\_

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

Country: \_\_\_\_\_

\_\_\_\_ I will pay by check (enclosed)

\_\_\_\_ I would like to be contacted by the Hemet Valley Recovery Center Assistance Fund.