



DONATION FORM

First Name: _____ **Last Name:** _____

Spouse First Name: _____ Spouse Last Name: _____

Street Address: _____

City/State/Zip: _____

Phone: (_____) _____ **Email:** _____

I prefer to be contacted through Phone [] Email [] Postal Mail []

Gift Amount

Your financial support is important and we hope you can give something.

_____ \$30 (Funds any incidentals that an individual on Scholarship may need over 3.5 weeks)

_____ \$60 (Funds any incidentals that an individual on Scholarship may need over 7 weeks)

_____ \$200 (Funds cost of recovery coach for that individual on Scholarship over 3.5 weeks)

_____ \$400 (Funds cost of recovery coach for that individual on Scholarship over 7 weeks)

_____ \$900 (Funds cost of a Scholarship over 3.5 weeks, which includes rent payment, incidentals, cost of recovery coach)

_____ \$1800 (Funds cost of a Scholarship over 7 weeks, which includes rent payment, incidentals, cost of recovery coach)

\$_____ Other amount

We are also looking for those individuals who are willing to give their time to help us with fundraising. Giving of your time is just as important as any financial commitment received.

Check this box if you are interested in donating time to help us with one of our upcoming fundraisers

Please Make Checks Payable To: **Corvino Foundation Inc.**

Mail To: Corvino Foundation Inc., 283 Sykesville Road, Chesterfield, NJ 08515