

Donation Information Form

For more information or to make a donation by phone,
please contact Kris Graham at (605) 336-0510.

Enclosed is my Contribution. I pledge to help the children, adults and families served
by Southeastern Behavioral HealthCare.

\$25_____ \$50_____ \$75_____ \$100_____ \$250_____ \$500_____ \$1,000_____

I want to support one of the following areas:

- _____ Annual fund - Please use this gift for immediate consumer service needs
- _____ Endowment Fund - Please invest this gift and use the earnings for consumer needs
- _____ Undesignated - Please use this gift where it will help the most
- _____ Other (Please specify)_____

Donor Name_____ Phone_____

Address_____

City_____ State_____ Zip_____

_____ Amount Enclosed
_____ I pledge this amount. Please bill me ___ Monthly ___ Quarterly ___ Yearly
_____ Accept this in Memory of_____

Please make checks payable to Southeastern Behavioral HealthCare, a 501(c)(3) tax
exempt organization.

-OR-

Charge my Visa_____ MasterCard_____

#_____ Exp: ____/____

Signature Required _____ Date

Please mail form and payment to:

**Southeastern Behavioral HealthCare
2000 South Summit Avenue
Sioux Falls, SD 57105
(605) 336-0510**