



Donation Form

Name(s) _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Please make my/our gift anonymous.

I have remembered Saint Louis Counseling in my will. Please contact me.

Gifts to Saint Louis Counseling are tax-deductible to the extent allowed by law.

DONATION INFORMATION

I/We would like to help #BreakDownStigma by making a tax-deductible gift to the Saint Louis Counseling Annual Fund with a:

Recurring gift: **Monthly** \$ _____ /month **Quarterly:** \$ _____ /quarter

One-time gift: \$1,000 \$500 \$250 \$100 \$50 \$25 Other: \$ _____

Please **charge** my/our: VISA MasterCard AMEX

Account # _____

Exp Date _____ CVV _____ Signature _____

Enclosed is my/our **check** made payable to Saint Louis Counseling.

My/Our gift is **in memory** of: _____

My/Our gift is **in honor** of: _____

***Please complete this form with payment information and mail it to:
Saint Louis Counseling | 9200 Watson Rd., Ste. G-101 | St. Louis, MO 63126***

Saint Louis Counseling supports healing and improved mental health for individuals and families of all backgrounds.

Visit us at www.SaintLouisCounseling.org or call **314.544.3800** for more information.

Thank you for your gift to Saint Louis Counseling and helping to #BreakDownStigma!