

Respecting Choices®

PERSON-CENTERED CARE

DONATION FORM

We Appreciate Your Gift!

Your generous donation will support the Respecting Choices® program.

Required Information:

Gift Amount: \$ _____ *Please make checks payable to: Respecting Choices®*

Donor Name(s): _____

Donation Contact Name: _____

Donation Contact Address: _____

Donation Contact Phone: _____

Donation Contact Email: _____

Optional Information:

- This gift is being made in honor or in memory of someone (please identify Donor Name(s) above).
- I would like this gift to remain anonymous (Donation Contact information will be used for administrative purposes only).
- My gift will be matched (please include the appropriate form provided by the matching organization).
Matching Gifts: Many employers have matching gift programs which can multiply your generous gift to Respecting Choices®. If you or your spouse work for or are retired from an organization with a matching gifts program, please ask your human resources department for the appropriate form and include it with your gift.

Respecting Choices® has permission to publish the following Donation Form details on its website:

- Donor Name(s)
- Gift Amount
- Donation Level

Special Instructions/Comments: _____

Please mail your check with a completed Donation Form to:

Respecting Choices®
600 North Third Street, Suite #101
La Crosse, WI 54601

If you have any questions about donations, please submit a [General Contact Form](#) on our new website.