

# *Serenity Care, Inc.*

## **Donation Form**

**Remit To:**

P.O. Box 6531  
Mobile, AL 36660

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Amount Donated: \$ \_\_\_\_\_ Telephone: \_(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Individual Donation: Yes \_\_\_\_\_ No \_\_\_\_\_ Business Donation: Yes \_\_\_\_\_ No \_\_\_\_\_  
(check one) (check one)

We will mail a receipt to the above address upon verification of your tax deductible donation

Please Do Not Send Cash (Check or Money Order Only)

*Thank you for your generous donation!*



**Partner Agency**