

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)

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Partner Agency