



DONATION FORM

YOUR INFORMATION

Your Name(s)

Street Address

City

State

Zip Code

Email Address

Telephone (Optional)

DONATION INFORMATION

I/we would like to make a one-time donation of \$_____.

Check Enclosed VISA Mastercard Discover American Express

Credit Card Number

Expiration Month & Year

Security/CVV Code

I/we would like to make ongoing monthly payments of \$_____, automatically deducted from my credit card or checking account (if choosing EFT checking account payments enclose a voided check (\$5.00 monthly minimum)).

I/we would like this donation to remain anonymous.

SELECT WHERE YOUR DONATION GOES

Area of Greatest Need Adeo Home Health

Adeo Brain Injury Services Adeo Physical Therapy

Adeo Housing – Hope Apartments Adeo Fitness

This gift is in memory / honor of _____.

Please mail form to: Adeo 2780 Ave. Greeley, CO 80634

NEED ASSISTANCE?

Our friendly and helpful staff can answer your questions, call us (970) 339-2444.