



GatewayRehab[®]

Printable Donation Form

Please complete all fields and return with your check or money order made payable to:

Gateway Rehabilitation Center
Corporate Headquarters
311 Rouser Road
Moon Township, PA 15108

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Gift Amount: \$50 \$100 \$200 \$250 \$500 Other \$ _____

Designation: Gateway's Area of Greatest Need Adult Services
 Patient Financial Aid Youth Services
 Inpatient Services Outpatient Services
 Neil Kennedy Recovery Clinic

This gift is made in ____ memory or ____ honor of _____

Please send a letter of acknowledgement to:

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

I wish my gift to be anonymous. My name will not be included in any list of donors to Gateway Rehabilitation Center or Neil Kennedy Recovery Clinic.