



THE HEALING CONNECTION INC – DONATION FORM

Name: _____

Address: _____

City, State, Zip: _____

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Email: _____

Donor Levels:

Contributor (\$1-\$74) Friend (\$75-\$199) Partner (\$200-\$374)

Advocate (\$375-\$699) Champion (\$700-\$999) Benefactor (\$1000-\$4999)

President's Connection Circle (\$5000 and over)

Contribution Amount: \$ _____ **Make Checks payable to: The Healing Connection**

Please Note Any Special Instructions Below:

You may donate by sending this form and your check to The Healing Connection, 1320 University Avenue, Rochester NY 14607 or you may submit your donation via our website: www.thehealingconnectioninc.org. Also visit our website or feel free to call us for more information about donating to The Healing Connection at 585-641-0281.

*Hope and Healing in recovery always occur within a context of connections.
Your donation will help us maintain the programming that allows us to establish healing connections
with adolescents and adults struggling with eating disorders.
Thank you for your generosity.*