



Thank you!

Please send check to:

Serenity Recovery Network

help save a life, a family, a community...

P.O. Box 5467

508 Elberon Ave

Cincinnati, Ohio 45205

Yes, I wish to become a monthly supporter for the next 12 months.
Enclosed is my 1st **Monthly** Gift of \$20 \$50 \$75 \$100 Other \$ _____

Yes, I wish to become an Annual supporter for the next 1, 3, 5, Other ____ Years
Enclosed is my 1st **Annual** Gift of \$50 \$100 \$250 \$500 \$1000 Other\$ _____

Yes, I wish to offer support at this time with a single Gift.
Enclosed is a check for \$50 \$100 \$250 \$500 \$1000 Other\$ _____

Yes, I would like to pledge a non-cash gift (i.e.: property, bonds, trust, or service) and would appreciate a contact to discuss the details.

Yes, I wish to support Serenity Recovery Network with my Prayers. Please keep me on your mailing list.

Please remove me from your mailing list.

Pledges can be made on our website at www.serenityrecoverynetwork.org

Name: _____

Phone: _____

Address: _____

E-mail: _____

We will reply with a thank you letter including our tax exempt number

