

**AMEEL RASHID SCHOLARSHIP FOR ADDICTION RECOVERY
Gift Form**

Your tax-deductible gift to the Proctor Health Care Foundation will be designated to the Ameel Rashid Scholarship for Addiction Recovery. *Please print this form and mail to the Proctor Health Care Foundation, 5409 N. Knoxville Avenue, Peoria, Illinois 61614.*

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Enclosed is my gift of \$ _____

Payment Type: Check Credit Card

Please charge this gift to my: VISA Master Card Discover

Print name as it appears on card: _____

Card Number: _____

Expiration Date: _____ 3 Digit Security Code: _____

Authorized Signature: _____

Please make checks payable to the Proctor Health Care Foundation.

MATCHING GIFT

If your employer matches employee donations, please list employer's company name here.

THIS IS A TRIBUTE GIFT IN **HONOR** OR IN **MEMORY** OF (CIRCLE ONE)

Name: _____

Relationship (e.g. parent, friend): _____

Please notify: Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

A special card will be sent. The amount of your gift will be confidential.

RECOGNITION

I would be pleased to have my name published as a donor. Please indicate how you would like your name(s) to appear: _____

Please do not publish my name. I prefer to remain anonymous.