

# THANK YOU FOR YOUR DONATION!

The generosity of people like you enables Equinox to continue to serve our clients.  
We appreciate you and thank you for your support!

**DONOR INFO:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*For tax purposes, the taxpayer must assign a dollar value to the items donated to a nonprofit organization. This letter serves as proof of your donation if you list the items donated.*

ITEM & QUANTITY	APPROXIMATE VALUE
_____	_____
_____	_____
_____	_____
_____	_____

Please indicate if you want your donation to go to a specific program:

- ☐ **Wherever the need is greatest**
- ☐ Adult Mental Health Residential Services    ☐ Mental Health Clinic and PROS Program
- ☐ Domestic Violence Services    ☐ Youth Transitional Living Services
- ☐ *I do not wish to receive correspondence from Equinox, Inc.*

\_\_\_\_\_

\_\_\_\_\_

Equinox staff signature and title

Date

Admin use only box    Thank You Card: \_\_\_\_\_    Data Entry: \_\_\_\_\_

