



Session Donation

YOU have chosen to spread hope!

I, _____, would like to donate
 _____ sessions for _____.
 (# of session) (specify: participant name, any child, any adult, or participant with particular diagnosis)

I have enclosed full payment partial payment for:
 _____ sessions x \$30 = _____
 (# of sessions) (total amount paid)

4STEP is a 501c3 nonprofit and your donation may be used for tax deductible purposes. Upon receipt of payment, you will be sent a letter for tax purposes.

 Signature Date

PLEASE CHECK (✓) ALL THAT APPLY

- I wish to remain as an anonymous donor.
- I would like to be added to the 4STEP newsletter list. (your information will not be sold or shared)

Contact Information:

Phone # _____

Address: _____

Email: _____

Please use the space below for notes, comments, questions or suggestions.

☺ WE THANK YOU FOR YOUR DONATION! ☺