



## Donor Form

*I want to help Enhanced Life Options Group with your mission. Here is my gift of:*

\$25 \_\_\_\_\_ \$50 \_\_\_\_\_ \$100 \_\_\_\_\_ \$250 \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Please do NOT include my name in your publications.

\_\_\_\_\_ I am considering a gift other than cash (stocks, bonds, etc.). Please contact me.

\_\_\_\_\_ Please send me additional information about your services and programs.

Please list this gift \_\_\_\_\_ in honor of \_\_\_\_\_ in memory of

\_\_\_\_\_

Please restrict my donation to:

\_\_\_\_\_ Trust Program

\_\_\_\_\_ Noel's Playground Program

\_\_\_\_\_ Peter Isabelle Children's Initiative

Your Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Please make your check payable to *Enhanced Life Options Group*.

Enhanced Life Options Group is a 501(c)(3) organization. Contributions are tax deductible within the limits of the law.

Print off and complete this form. Then send the completed form along with your check to: Enhanced Life Options Group, 15 Constitution Drive, Suite 169, Bedford, N.H. 03110.

*Thank you for your generous support of the people we serve.*