

# SAMARITAN counseling center

increase **outreach** | enhance **impact**

**We are here to help.**

Mr.     Mrs.     Ms.     Dr.     Other: \_\_\_\_\_

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First Name

Middle Initial

Last Name

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Mailing Address

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City

State

Zip Code

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Preferred Phone

Preferred E-Mail

**Every gift matters.**

*Please complete giving information on reverse side of form*

**Yes, I want to help support Samaritan Counseling Center raise awareness about, and increase access to, mental health care in our community by giving a tax-deductible donation to the SCC Annual Fund!**

**\$78.16:** The cost of **one counseling session** for a client in need

**\$125:** The cost of **one educational outreach program** in our community

**\$468.96:** The cost of **six counseling sessions** - the standard duration of treatment

**\$375:** The cost of **three educational outreach programs** - providing our community with tools to achieve wellness

**Other:** \$ \_\_\_\_\_

*Please make checks payable to Samaritan Counseling Center*

For one-time or recurring gifts by credit card, please visit our website  
**[www.samaritan-counseling.org/give](http://www.samaritan-counseling.org/give)**

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## RECOGNITION

Please list my/our name(s) as:

I prefer that my gift remains anonymous

**Every gift matters.**

*Please complete contact information on reverse side of form*