



Donation Gift Form

Name: _____

Address: _____

City, State, Zip Code: _____

Phone (cell): () _____

Email: _____

Please keep this gift anonymous

Payment Type: (please indicate check or credit card)

Check

Please make the check payable to NorthPoint Professional Counseling, Inc,
Mail to: NorthPoint Professional Counseling, Inc., 44070 W 12 Mile Rd., #200 Novi, MI
48377

Credit Card

Card Type: _____ Cardholders Name: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address (if different than above address provided): _____

Is This Gift in Memory or Honor of Someone?

Memory Person: _____

Honor Person: _____

Relationship: to you: _____

Do you want someone notified of this gift? Yes No

If yes, please include their contact information below.

Name: _____

Address: _____

City, State, Zip Code: _____

Special note for person: _____