



## Friends of the Council Enrollment Form

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

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

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

I want to join the Friends of the Council and help Recovery Resource Council promote wellness and recovery from disorders relating to alcohol, substance use, trauma, and mental health.

My gift will be:       Monthly       Annually

Enrollment will be auto-renewed until notice is given.

### Giving Levels

**PLEASE SELECT ONE:**

\$300 (\$25/month) – BENEFACTOR

\$3,000 (\$250/month) – LEADER

\$500 (\$41.67/month) – ANGEL

\$5,000 (\$416.67/month) – COUNSELOR

\$1,000 (\$83.33/month) – PEER

\$10,000 (\$833.33/month) – MENTOR

\$2,000 (\$166.67/month) – ADVOCATE

\$25,000 (\$2,083.33/month) – SPONSOR

I do not want to join Friends of the Council but would like to make a one-time donation of \$\_\_\_\_\_.

**PLEASE SELECT HOW YOU WOULD LIKE TO PAY:**

Invoice me

Check enclosed and made payable to Recovery Resource Council

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Recovery Resource Council is a non-profit organization recognized as tax-exempt under Section 501(c)(3) of the Internal Revenue Code. Your contributions are tax-deductible to the extent permitted by law.*