

Friends of the Council Commitment 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

Please note that enrollment will be auto-renewed until notice is given.

Giving Levels

PLEASE SELECT ONE:

☐ \$300 (\$25/month) – BENEFACTOR

☐ \$2,100 (\$175/month) – ADVOCATE

☐ \$600 (\$50/month) – ANGEL

☐ \$3,000 (\$250/month) – LEADER

☐ \$1,200 (\$100/month) – PEER

☐ 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:

☐ Check enclosed and made payable to Recovery Resource Council

☐ Will pay by ACH at: recoverycouncil.org/friends-of-the-council

☐ Will pay by credit card at: recoverycouncil.org/friends-of-the-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.