

SILENT SAMARITAN FUND

HOW YOU CAN HELP

Supporting families and individuals in crisis requires ongoing support so we can help those struggling with mental health issues regardless of their ability to pay.

YES! I/We want to become an active supporter of the Silent Samaritan Fund:

NAME

ADDRESS, CITY, STATE & ZIP

EMAIL & PHONE NUMBER

Your gift of \$10 per month helps families without resources get counseling.

Your gift of \$25 per month covers the gap in cost for 10 counseling sessions for a person without adequate health insurance.

Your gift of \$50 per month covers the gap in insurance for 20 counseling sessions for a family or individual without adequate insurance.

Your gift of \$100 per month enhances our capacity to serve more middle school students in Albany, Schenectady, Rensselaer or Saratoga counties.

Your One-time contribution of _____

I wish to charge my monthly gift using Visa/MasterCard.

CARDHOLDER NAME

CARD NUMBER

EXPIRATION DATE

SIGNATURE

DATE

My check for \$_____ is enclosed.

Please make check payable to Samaritan Counseling Center.
Mail to 220 N. Ballston Ave., Scotia, NY 12302

I am a current or former GE Employee. I will register my gift for Matching Funds.

Samaritan Counseling Center of the Capital Region is a 501(c)3 nonprofit organization. Your gift is tax deductible and allows the Center to provide professional counseling services regardless of a person's ability to pay.



SAMARITAN
COUNSELING CENTER OF THE CAPITAL REGION

*Helping those most at risk
heal, function and live life
more fully*

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