

# ACTIVE 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 a supporter of the Active 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*

220 N. Ballston Avenue • Scotia, NY 12302 • 518.374.3514

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