



604-870-5616

Compassionate Recovery Care and Support For Those Seeking Freedom From Addiction and Substance Abuse

Financial Donations Form

Adopt A Bed Sponsorship

The Adopt A Bed sponsorship supports student residents in getting the vital addiction recovery treatment they need to turn their lives around. The cost for one student in the Psalm 23 Recovery Program is \$1650/month. Your sponsorship will help provide much needed funding for the student/s' stay.

YES, I/We would like to sponsor ___ student/s for ___ month/s at the monthly donation level of:

\$500 \$825 \$1650 \$_____ other amount \$_____ (one time gift)

Total monthly Adopt A Bed Sponsorship: \$_____ = # of students X \$monthly donation level
amount to be withdrawn/charged on 15th of the month 30th of the month.

Name you'd like to put on bedroom's sponsor plaque: _____

Sponsor A Meal

The daily meal cost for a single resident is \$3.23 which includes breakfast, lunch, dinner and snacks. We're able to keep our meal costs relatively low thanks to regular food donations we receive from other generous donors. Your Sponsor A Meal donation will greatly support our monthly food budget and expand the variety of meals we provide.

YES, I/We would like to sponsor ___ student/s's daily meals for:

___ days/month @ \$3.23/day ___ weeks/month @ \$22.61/week ___ months @ \$90.44/month \$_____ other amount/month \$_____ (one time gift)

Total monthly "Sponsor A Meal" donation: \$_____ = # of students X \$day/week/month
donation amount to be withdrawn/charged on 15th of the month 30th of the month.

Name you'd like to put on dining room table sponsor card : _____

The Hope Fund

We're committed to never turning away any man or woman in desperate needs of food, shelter and recovery support, due to lack of money. The daily cost of providing these basics is \$55 per resident. Your donation to the Hope Fund will help us extend a lifeline of hope and support to those without the financial means to afford their recovery treatment.

YES, I/We would like to contribute to The Hope Fund.

___ days @ \$55/day ___ weeks @ \$385/week ___ months @ \$1650/month
 \$_____ other amount/month \$_____ (one time gift)

Total monthly "Hope Fund" donation: \$_____ = \$day/week/month donation amount to be withdrawn/charged on 15th of the month 30th of the month.

Name you'd like to put on our Hope Fund Contributors' Wall: _____

The Starfish Club

Do you believe, as we do, every single life is precious and worth saving? As a Starfish Club member, you will stand with us to ensure Psalm 23 remains a strong, vibrant outreach bringing God's love, hope and care to those suffering from addiction, poverty and homelessness.

YES, I/We would like to become a member of The Starfish Club at the following level:

\$10/month \$30/month \$50/month \$100/month _____ \$Other amount to be withdrawn/charged on 15th of the month 30th of the month.

Name you'd like to put on our Starfish Club Contributors' Wall: _____

Please print clearly...

Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ Postal Code: _____

VISA MC # _____ Exp. _____

Name on card _____

Signature _____

Please make cheque(s) payable to: "Psalm 23 Transition Society"
3427 Clearbrook Road, Abbotsford, BC V2T 4P1

For monthly pre-Authorized chequing donations, please attach a VOID cheque and FAX 604-970-5617 or MAIL both pages along with your contribution. For PHONE donations, please call: 604-870-5616.

*Thank you for your generous support! All information will be kept strictly confidential and for Psalm 23's use only.
Unless otherwise requested, tax receipts will be issued in January.*

www.psalms23society.com psalm23society@shaw.ca
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