



Donation Form

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Telephone: _____ Evening Telephone: _____

Email: _____ Fax: _____

Pay by ___ check, made out to **Reel Recovery** or ___ Visa or ___ MasterCard

Amount: ___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ Other

Credit Card Number: _____

Expiration Date: _____ Security (CVC) Code on back of Card (3 Digits) _____

Name on Card (if different) _____

___ I would like my donation to be In Honor of: _____

___ I would like my donation to be In Memory of: _____

___ I would like to make a donation of fly-fishing equipment or other item(s) of value; please contact me.

Please send this form with your donation to:

Reel Recovery
160 Brookside Road
Needham, MA 02492

Thank you for your generosity.

Reel Recovery is a 501(c)(3) non-profit organization.
All donations are tax-deductible to the full extent allowed by law.