

Monthly Donor Form



Your monthly financial support of Samaritan Counseling Center provides ongoing sustainability so we can continue to subsidize counseling fees for those in our community who need financial assistance, as well as to fund TeenHope and other Samaritan programs.

Donor Information

FIRST	LAST
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
WEBSITE	ALTERNATE PHONE

Monthly Donation Description

CHECK ONE: <input type="checkbox"/> \$10 <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> OTHER: _____	
I WOULD LIKE MY GIFT TO BE IN HONOR/MEMORIAL OF:	
PLEASE BILL MY <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	DATE
CARD NUMBER	EXPIRATION DATE
SIGNATURE	
PLEASE CONTACT ME WITH MORE INFORMATION REGARDING: <input type="checkbox"/> Planned Giving <input type="checkbox"/> Volunteer Opportunities <input type="checkbox"/> Endowment	
PLEASE ADD ME TO SAMARITAN COUNSELING CENTER'S EMAIL LIST <input type="checkbox"/> Yes <input type="checkbox"/> No	

Contact Information

Samaritan Counseling Center

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Disclosure: The Samaritan Counseling Center wants you to feel secure in your giving. A copy of the official registration and financial information for the Samaritan Counseling Center may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1 (800) 732-0999. Registration does not imply endorsement.