

**Bluebird Recovery Program of Minnesota
Donation Form**

Name: _____

Address: _____ **Email:** _____

_____ **Phone:** _____

Please indicate the amount of your donation \$ _____

**Please make your check payable to the *Bluebird Recovery Program of Minnesota*,
your denotation is 100% tax deductible.**

Comments, honoring or recognizing someone please indicate here: _____

Questions: Call: Carrol Johnson 507-649-0126

Please send completed form along with your check to:

Bluebird Recovery Program of MN, Marilyn Suter, 308 14th St., Farmington, MN 55024

THANK YOU - Your Donation is Greatly Appreciated