



Adagio Health

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www.adagiohealth.org

Mail-In Donation Form: Please mail this completed form, along with your check or money order to Adagio Health. Thank you for your support!

Donor Information

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☐ Yes, I would like to receive email from Adagio Health.

Gift Amount

Yes! I want to help make an impact in the lives of those who need us most, with a gift of:

☐ \$ _____

☐ One Time Gift ☐ Recurring Monthly Gift: \$ _____ Begin deduction (M/Y): ____/____

☐ I would like this gift to be anonymous.

Method of Payment

☐ My gift will be made online at: <https://adagiohealth.org>

☐ My check or money order is enclosed and made payable to the Adagio Health.

☐ Please charge my: ☐ Visa ☐ MasterCard on this date: ____/____/____

Name on Card: _____ Exp. Date: ____/____

Card #: _____ CVV Code: _____

Thank you for your generous support! If you have questions or would like additional information, please contact us at (412) 253-8176 or info@adagiohealth.org.

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