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*required information if donating by credit card

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First Name*: _____

Last Name*: _____

Street Address*: _____

City*: _____ State*: _____ Zip Code*: _____

Phone #: _____ Email: _____

I prefer to make my donation by:

____ Check or Money order (made out to the Family Support & Treatment Center)

____ Credit Card (please enter information below)

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Credit Card Number: _____ Exp. Date: _____

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**Please mail or drop off your gift to:
Family Support & Treatment Center
1255 North 1200 West
Orem, UT 84057**