



Sponsor a Survivor Form

First Name: _____ Last Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Donation Information

Donation Type

Check * Cash

Donation Amount

_____ \$25: A basic care package for a survivor.

_____ \$50: Provides books to help a survivor work through her trauma.

_____ \$115: Provides therapy and workbooks for a survivor to work through trauma.

_____ \$250: One month of therapy services for a survivor (music, equine, etc.).

_____ \$460: One month of counseling for a resident.

_____ \$1,000: Provides necessities for the SRP house for a month.

_____ \$2,500: Provides housing and care to a survivor for one month.

_____ OTHER AMOUNT: _____

*Checks can be made to Scarlet Rope Project

Please send this completed form along with your donation to
Scarlet Rope Project
P.O. Box 7937
Jackson, TN 38302

