

Donor Referral Card

Date: Organi	zation: <u>Gateway Behavioral Health Services</u>
Donor Name:	
Phone: ()	
(To be completed by Goodwill Employee)	
Received Date:	Received by:
Quantity & Description:	
Donation Center Location:	

PLEASE TAKE ALL DONATIONS DIRECTLY TO A GOODWILL DONATION CENTER.

This form is to be left with a Goodwill Donation Center employee. A current list of Attended Donation Centers and Retail Store Donation Centers can be found online at www.goodwilisavannah.orq. Vouchers will be issued to the organization listed above from Goodwill of the Coastal Empire. Thank you for your generous support.

Convenient Goodwill Locations

Savannah Area

108 West Broughton Street, Savannah, Georgia 31401 7220 Sallie Mood Drive, Savannah, Georgia 31406 330 Johnny Mercer Boulevard, Savannah, Georgia 31410 1900 East Victory Drive Suite B2 & B3, Savannah, Georgia 31404 5730 Ogeechee Road Suite 410, Savannah, Georgia 31419 1030 Highway 80, Pooler, Georgia 31322 115 West Grand Central Boulevard, Pooler, Georgia 31322 9701 Ford Avenue Suite 1, Richmond Hill, Georgia 31324 410 South Columbia Avenue Suite B, Rincon, Georgia 31326

Brunswick Area

#249 Village at Glynn Place, Brunswick, Georgia 31525 2507 Osborne Road, St Marys, Georgia 31558 2101 Memorial Drive, Waycross, Georgia 31501 990 North Macon Street, Jesup, Georgia 31545 115 W. Hendry Street, Hinesville, Georgia 31313 440 East Parker Street, Baxley, Georgia 31513

Statesboro Area

24015 Highway 80 East, Statesboro, Georgia 30461 425 Duval Street (Hwy 301 North), Claxton, Georgia 31417 1117 East First Street, Vidalia, Georgia 30474 10750 S Jacob Smart Boulevard, Ridgeland, South Carolina 29936