



## DONATION FORM

### **DONOR INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Make my gift anonymous

### **GIFT INFORMATION**

I would like to make the following contribution:

- One-time donation of \$ \_\_\_\_\_
- Quarterly donation of \$ \_\_\_\_\_ until this date: \_\_\_\_\_
- Monthly donation of \$ \_\_\_\_\_ until this date: \_\_\_\_\_

*(Optional)* Please designate my gift for: \_\_\_\_\_

### **PAYMENT INFORMATION**

Enclosed is my check / cash *(please make checks payable to "Wellness Place")*

Please charge my credit card:

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_

### **(Optional) MEMORIAL AND TRIBUTE DONATIONS**

This gift is in Memory of: \_\_\_\_\_

This gift is on Behalf of: \_\_\_\_\_

Please send a gift notification to:

Name: \_\_\_\_\_

Mailing Address or Email: \_\_\_\_\_  
\_\_\_\_\_

### **OTHER INFORMATION**

\_\_\_\_\_  
\_\_\_\_\_