

Yes, I want to support the mission of Living Well Foundation. (All donations are fully tax deductible to the extent allowed by law.)

Donor Name: _____

Please list my name publicly as _____ Leave blank for anonymous.

Complete address of donor: _____
City _____ State _____ Zip Code _____

Email address: _____

Tribute Giving—Optional

Your charitable contribution can make a beautiful tribute. Use this opportunity to remember a loved one, honor a job well done or mark a special occasion. We will send an acknowledgement of your gift of \$25 or more. The amount of your gift will not be included with the tribute notification.

My gift is in memory of in honor of In recognition of

Name of person to be remembered _____

Please send notification of my gift to:

Name: _____

Address: _____ City _____ State _____ Zip _____

Email: _____

Check payable to Living Well Foundation

PAYPAL BUTTON

My employer has a matching gift program.

Please contact _____ Phone number _____

I have remembered Living Well Foundation in my will or my estates plans.

Call me about a gift in stock or securities. Phone number _____

I am interested in volunteering

Your gift will be applied to our general support so it can be used where it is most needed. We thank you for your support!

