



Donor Information





Date of Donation	
Name	
Company	
Address	
City State Zip	
Telephone	
E-Mail	

Donation Information

I (we) donate a total of \$_____ to be paid: ___ now ___ monthly ___ quarterly ___ yearly.

I (we) plan to make this contribution in the form of: ___ cash ___ check ___ credit card ___ PayPal.

For your convenience, you may use the secure PayPal link at www.activecommunitywellness.org

Credit card, circle one	   
Credit card number	
Credit card 3-digit code	
Expiration date	
Authorized signature	

Option

Our gift will be matched by _____ (company/family/foundation).

Anonymity

___ I (we) wish to have our gift remain anonymous.

Additional Information

What additional information would you like to include?

Please make checks, corporate matches, or other gifts payable to:

Active Community Wellness
PO Box 7621
Boise, ID 83707

Thank you!