

The Wellness Community of Greater St. Louis

TO MAKE A DONATION

To make a donation to The Wellness Community of Greater St. Louis, MO, please fill out the form below.

The Wellness Community accepts Visa, Master Card & American Express.

DONOR INFORMATION (* — Required information)

Prefix _____

First Name (s)* _____

Middle Name(s) _____

Last Name: (s)* _____

Address 1* _____

Address 2: _____

City* _____

State* _____

Zip* _____

Phone number* _____

E-mail address _____

Amount of donation _____

My gift will be matched by my employer? () Yes () No

Employer Name & Address:

In Honor Of: _____ (or) In Memory Of: _____

Name of person that should be notified of donation: _____

Address 1 _____

Address 2 _____

State _____

Zip Code _____

Country (if not USA) _____

Message to be written on card: _____

The Wellness Community accepts Visa, Master Card & American Express.

Card type _____

Card # _____

Name as it appears on card _____

Expiration Date _____

Billing Zip Code _____

