

**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 \_\_\_\_\_

