Active Community Wellness, Inc.
PO Box 7621, Boise ID 83707

activecommunitywellness.org
(208) 639-1434

ACTIVE COMMUNITY WELLNESS

Donation Form

501(c)(3) EIN 26-3165602

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	VISA MasterCard AMERICAN EXPRESS DISCOVER
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
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Thank you!