



## DONOR FORM

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### **Join the Wellness Wishes Family and Help Us Fund Initiatives That Rebuild a Healthier Future for the Greater Good**

Wellness Wishes is addressing four important causes:

1. Underserved Areas in Healthcare
2. Veterans
3. First Responders
4. Conservation & Education

### **Personal Information**

Donor Name: \_\_\_\_\_

Donor Address: \_\_\_\_\_

\_\_\_\_\_

Donor Phone Number: \_\_\_\_\_

Donor Email: \_\_\_\_\_

Contribution Amount: \_\_\_\_\_

Fund or Project: \_\_\_\_\_

### **Payment Information**

- 1) Make contribution payable to **Wellness Wishes Incorporated**
- 2) In the note section, please indicate which fund or project you're contributing to.
- 3) Mail form and contribution to: **P.O. Box 613 Lithopolis, Ohio 43136**

**Thank you for your contribution...we're thrilled to have you as part of our Wellness Wishes family!**

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