

## residents > get involved

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

E-mail \_\_\_\_\_

My total donation is \$ \_\_\_\_\_

Cash/check endorsed

VISA/MasterCard

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

Bill now    Bill Quarterly    Bill semi-annually

My employer will match this gift \_\_\_\_\_

(name of employer)

*Your personal information will not  
be disclosed. Please complete all  
information and print clearly.*

Mail form to  
Vital Life Foundation  
4560 SE International Way Suite 100  
Milwaukie, OR 97222

for more information, call  
**971.206.5139**

*Be vital in the lives of others.*

TO DONATE: [Go to vitallifefoundation.org](http://vitallifefoundation.org)  
and click on 'Get Involved'