



VITAL LIFE
FOUNDATION

Be Vital in the Lives of Others

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)

*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 **971-206-5168**

*Your generous contributions will allow the Vital Life Foundation to bring seniors, charities
and communities together in the spirit of philanthropy and service.*

