



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.*

