



**Please mail this form and your check to:**

Donate Life America  
701 East Byrd Street, 16<sup>th</sup> Floor  
Richmond, VA 23219

Please print all information clearly.

**Date:**

Enclosed is my check in the amount of \$\_\_\_\_\_ payable to Donate Life America.

**Contributor Name(s):**

**Address:**

**City/State/Zip:**

**Home phone:**

**Email Address:**

**Please list me on donatelifenet as a Donate Life Partner: Yes \_\_\_\_ No \_\_\_\_**

**Please add me to your email distribution list: Yes \_\_\_\_ No \_\_\_\_**

**TYPE OF DONATION** (please choose one):

- General gift
- Gift in memory of (name of deceased): \_\_\_\_\_

Send memorial contribution acknowledgement letter to:

Name:

Address:

City/State/Zip:

- Gift in honor of (name of individual): \_\_\_\_\_

Occasion: \_\_\_\_\_

Send in honor contribution acknowledgement letter to:

Name:

Address:

City/State/Zip:

Thank you for your contribution. Donate Life America will mail or email you a thank you and acknowledgment letter for the contributions we have received.