

## To Donate by Mail

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Email** \_\_\_\_\_

**Amount of Donation \$** \_\_\_\_\_

**Make Check or Money Order payable to:  
The Whole Life Center  
580 Victoria Court  
Pen Argyl, PA 18072**