

Wells for Life Donation



I would like to support Wells for Life with a monthly donation of:

\$10 \$25 \$50 \$100 other \$ _____

Enclosed is my one time gift of \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Mail completed form and your donation to: **Wells for Life® P.O. Box 860064, Shawnee, KS 66286**