

Way To Health Contribution Form

Donor Name (Mr/Mrs/Ms): _____

Position & Corporation (if applicable): _____

Street address: _____

City: _____ State _____ Zip code: _____

Phone: (____) _____ Email: _____

We would like to make a contribution as a:

- Leading Sponsor (\$2500 and above)
- Sustaining sponsor (\$1000 to \$2500)
- Supporting sponsor (\$500 to \$1000)
- Other amount

Donation in amount of: \$ _____

- We would like to include some of our products for fundraising auctions
- We would like to contribute equipments to be used in the filed

Is this contribution being made in memory or in honor of someone special? If so, please complete the following:

- In memory of: _____
- In honor of: _____

We are making this contribution by:

- Check - Payable to: Way To Health
- Credit card - Please visit: www.waytohealth.org (Donate tab)

Contributions to Way To Health are tax-deductible.

Way To Health is a non-profit public benefit 501(c)(3) corporation EIN 81-2026805 and is operated exclusively for educational and charitable purposes within the meaning of Section 501 (c)(3) of the Internal Revenue code. Way To Health is not organized and shall not be operated for the private gain of any person. The property of the corporation is irrevocably dedicated to its educational and charitable purposes and no part of the receipts, or net earnings of the corporation shall be used for any activities other than its mission. Way To Health will always retain control over the contributed funds and will provide the relative information regarding its activities on its website: www.waytohealth.org.