

Yes ~ I would like to make a donation to WSL Foundation!

Please print your name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____



Attached is my tax-deductible check payable to WSL Foundation in the amount of:

\$500 \$250 \$100 \$50 \$30 \$_____

Please charge my tax-deductible contribution to my credit card: Visa MC AmEx

Credit Card Number: _____ Exp. Date: ____/____/____

Signature: _____

Given by (please print):

Mr. Mrs. Miss Ms. None

Your name: _____

(Optional)

I would like to make my gift (please print):

In memory of: _____

In honor of: _____

Please send me information about including Wesleyan Senior Living in my will.

I have already included Wesleyan Senior Living in my will.

Please return this form with your contribution to:

Wesleyan Senior Living Foundation, 807 West Ave., Elyria, OH 44035.