Bridge of Life
founded by DaVita
Working together for a healthier world

Donation Form

Date _____

DONOR INFORMATION

First Name | Last Name

Home Address or Credit Card Billing | Suite/Apartment#

City | State | ZIP

Email | Phone Number

☐ I would like to receive your eNewsletter

GIFT INFORMATION

Amount: _____

☐ Now ☐ Monthly ☐ Quarterly ☐ Yearly

◯ I prefer to make my donation anonymously.

◯ This donation is on behalf of a company.

Company Name: _____

TRIBUTE INFORMATION

This gift is: ◯ In honor of ◯ In memory of someone special Name: _____

Mail an acknowledgement letter on my behalf to the following person:

Name | Address

City | State (Alabama) | ZIP

Phone Number | Email

PAYMENT INFORMATION

☐ Visa ☐ Master Card ☐ Discover

Credit Card Number | CCV/CID | Exp MM | Exp YY

Please mail your gift and this completed form to the address below, c/o **Alyssa Herzog**. For donation questions, please contact us at **donations@bolteam.org**. You will receive a thank-you and tax-deductible receipt for your gift. **Bridge of Life's EIN** is **46-296-0097**. Thank you!