



## Donation Form

Whether you are a long time supporter or giving for the first time, we thank you for your generous donation.

### Donor Information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Donation:

Please make your check payable to the Wellness Foundation.

Please mail your check and this form to:

**Wellness Foundation**  
65 Dunemere Lane  
East Hampton, NY 11937

*Please see our Terms of Use and Privacy Policy for information about how we keep your information confidential.*