

Yes, I would like to support Life Bliss Foundation's Community Outreach Program.

Donor Information

First Name \_\_\_\_\_
Address \_\_\_\_\_
State \_\_\_\_\_ Zip \_\_\_\_\_
Phone \_\_\_\_\_
Email \_\_\_\_\_

Donation Type

\_\_\_ One Time \_\_\_ Monthly

Donation Amount

\_\_\_ \$25,000 \_\_\_ \$10,000 \_\_\_ \$1,000
\_\_\_ \$500 \_\_\_ \$250 \_\_\_ \$100
\_\_\_ Other \$ \_\_\_\_\_

(Life Bliss Foundation is a non profit organization described under section 501 (c) (3) of the Internal Revenue Code. All donations are tax deductible to the extent permitted by law)

Method of Payment

Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_
(Please make checks payable to Life Bliss Foundation)

Credit Card # \_\_\_\_\_
Expires \_\_\_\_\_ / \_\_\_\_\_

VISA MasterCard AMEX

Continue billing my credit card through the following
Month \_\_\_\_\_ Year \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Signature \_\_\_\_\_

Online: www.LifeBliss.org

Thank you for making a blissful difference.

Mail to:

