



# Drive Alive Campaign Donation Form

Name: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Donation Amount** (Please enclose check with this form)

\$1,000     \$750     \$500     \$250     \$100     \$50     Other

**Make checks payable to:**

**Fort Wayne Healthy Cities Committee, Inc.**

(Write "Drive Alive" in the memo line)

**P.O. Box 80053 Fort Wayne, IN 46898-0053**

Phone: (260) 494-0728

**Thank You for Your Donation!!!**