
Drive Alive.

DONATION FORM

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: Healthy Cities Committee of Fort Wayne/Drive Alive
 C/O Address: 1 East Main Street Room 640
 City County Building
 Fort Wayne, IN 46802

Phone: (260) 449-7389

Thank You for Your Donation!!!