

# Mail One Life a Check

Please complete this form & mail to ONE LIFE with your donation  
P.O. Box 66 Battle Ground, WA 98604

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I/we want to become a ONE LIFE sustainer with an ongoing monthly contribution of:

☐ \$500    ☐ \$250    ☐ \$100    ☐ \$50    ☐ \$25    ☐ Other \$ \_\_\_\_\_

I/we want to become a ONE LIFE partner with a one time contribution of:      \$ \_\_\_\_\_