



Drive Alive 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!!!