



Manual Payment Donation Form

First Name _____

Last Name _____

Organization
Name _____

Address

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Enclosed is my tax-deductible gift of \$ _____

Please make checks or money order donations payable to:

Art of Life Foundation, Inc.
PO Box 995
Marietta, GA 30061

To ensure a donation receipt is returned to you in a timely manner, please
enclose this form with your donation.

Thank you for your support!