



Yes! I want to do my part to help Price County Project Lifesaver support families in need that are faced with Alzheimer's, Dementia, Down's Syndrome, Autism and other wandering type diseases by including a donation with this form.

\$1,000 \$500 \$250 \$100

\$50 \$25 Other \$_____

Donor: _____

Phone (including area code): _____

Address: _____

City: _____

State: _____ Zip: _____

My Donation is

In Honor of: In Memory of:

Name: _____

Phone (including area code): _____

Address: _____

City: _____

State: _____ Zip: _____

Payable and mail to:

**Price County Project Lifesaver
PO Box B
Phillips, WI 54555**

THANK YOU FOR CARING!