



Wells Mountain Initiative

Wells Mountain Initiative 25D

Main Street
Bristol, Vermont
05443
(802) 453-4065

Donation Form

Name: _____

E-Mail Address: _____

Phone Number: _____

Address: _____

Gift is in Memory/Honor of: _____

Please send acknowledgement to: _____

My employer has a Matching Gift Program. Forms are enclosed.

I would like to specifically designate my gift to:

Educate to Lead
Scholarship Program

Designated Scholar

Community Development
Grants Program

Donation:

I have enclosed a check for _____.

(Checks should be made payable to Wells Mountain Initiative, Inc.)

I would like to make a donation by credit card for the amount of _____.

Card Type: _____ Exp. Date: _____

Number: _____

Thank you for your generous support of Wells Mountain Initiative's mission and projects supporting education, literacy and community around the world.