



Donation Form

I would like to make a contribution to St. Louis Life.

| | |
|--------------------------|--|
| Date | |
| Name | |
| Street Address | |
| City | |
| State | |
| Zip Code | |
| Phone Number | |
| Email Address | |
| Donation Amount | |
| Check # | |
| In Memorial For | |
| Other Designation | |

St. Louis Life's mission is to enable young adults with developmental disabilities to achieve the highest level of independent living and live a full and enriched life. Your tax-deductible donation will be used to support the work of St. Louis Life. St. Louis Life is a registered nonprofit corporation (Federal Employer Identification Number 20-2372696) in the state of Missouri and has 501©3 status with the Internal Revenue Service. Each donor will receive a written confirmation of their donation.

Mail this form, along with your donation, to:

St. Louis Life
929 Rolling Thunder Drive
O'Fallon, MO 63368