

PROJECT **wellness**

caring for the needs of orphans in Africa

Printable Donation Form

Please fill in the information below and mail to:
Project Wellness
#405 – 12090 – 227th Street
Maple Ridge, British Columbia, Canada V2X 6J5

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\$25 \$50 \$100 Other Amount: \$ _____

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First Name: _____ Last Name: _____

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Do you receive our newsletter?

- Yes, I already receive it
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- No, not at this time

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