

# Donation Form

Vital Living Spiritual Organization

## Donor Information

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BUSINESS NAME	NAME (LAST, FIRST, M.I.)
STREET ADDRESS	EMAIL
CITY, STATE, ZIP	PHONE
WEBSITE	ALTERNATE PHONE

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## Donation Description

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<input type="checkbox"/> Cash <input type="checkbox"/> Check (Vital Living Spiritual Organization) <input type="checkbox"/> PayPal ( <a href="mailto:vitallivingway@gmail.com">vitallivingway@gmail.com</a> )	
AMOUNT / DESCRIPTION	DATE
NOTES	

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## Contact Information

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**Vital Living**  
**501C3 Spiritual Organization**  
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Haleiwa, Hi 96712

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