

# Donation Form



# LifeOptions

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To donate, please complete this form and send it with your tax-deductible donation to:

Life Options  
c/o The Medical Education Institute, Inc.  
414 D'Onofrio Drive, Suite 200  
Madison, WI 53719

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Amount enclosed \_\_\_\_\_

Please make checks payable to: The Medical Education Institute, Inc.

### Designation (Optional)

To designate your donation for a specific fund or purpose, please enter a description of how you'd like your donation to be used.

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### Dedication (Optional)

To make a donation on behalf of or in memory of another person, please enter the person's name.

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### Comments (Optional)

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**Thank you for your support!**