

Donation Form



LIFE OPTIONS
REHABILITATION PROGRAM

To donate, please print this page, fill in all the information, and send it with your tax deductible donation to:

- **Life Options Rehabilitation Program**
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.

Dedication (Optional)

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

Comments (Optional) _____

Thank you for your support!