

THE D. GARY YOUNG  
**YOUNG LIVING<sup>™</sup>**  
**FOUNDATION**

YOUNG LIVING FOUNDATION

DONATION FORM

Member Name <small>Phone</small>	Member Number <small>Email</small>
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PROGRAM	Monthly	One-time	Percent of Commission
Rebuild Nepal			
Young Living Academy Ecuador			
Hope for Justice			
African Hearts			
Sole Hope			
Healing Faith Uganda			
General Donation			
<b>TOTAL</b>	\$	\$	%

Commission Check Deduction \_\_\_\_\_ (Y/N)

I authorize Young Living Essential Oils to withhold the amount below from my monthly commission check, which will be donated to the Young Living Foundation. This will remain in effect until further written notice is provided to Young Living Essential Oils.

Signature		Date	
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- Commission check deductions will begin to be applied in the month in which this form is received by Young Living Essential Oils. No deduction will be made if the amount of the donation exceeds the amount of the commission check. Donations will be deducted after all applicable adjustments and maintenance fees have been applied.
- You will receive a yearly donation statement from the Young Living Foundation to keep for your tax records.
- Donations made to the Young Living Foundation will not reduce or adjust your 1099 statement earnings amount. (Applicable to US Distributors only.)
- As per standard policy, if the commission check amount falls below \$25 after all deductions have been made, all remaining funds will be applied to the member's Young Living account.

<table style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Visa</td><td style="width: 25%;"></td><td style="text-align: center;">MasterCard</td><td style="width: 25%;"></td><td style="text-align: center;">AMEX</td><td style="width: 20%;"></td></tr> <tr><td style="text-align: center;">Discover</td><td></td><td style="text-align: center;">Check</td><td></td><td style="text-align: center;">Cash</td><td></td></tr> </table>	Visa		MasterCard		AMEX		Discover		Check		Cash		
Visa		MasterCard		AMEX									
Discover		Check		Cash									
Name of Cardholder													
Credit/Debit #		Exp. Date		Sec Code									
Address		City	State	Zip									
Cardholder Signature			Date										

MAIL – Young Living Foundation, 3125 Executive Parkway, Lehi, UT 84043  
 EMAIL – [info@younglivingfoundation.com](mailto:info@younglivingfoundation.com)