



YOUNG LIVING FOUNDATION

DONATION FORM

Member Name	Member Name				Member Number					
Phone			Email							
PROGRAM		Monthly	On	e-time		Perce	nt			
Rebuild Nepal										
African Hearts Slum Program										
Sole Hope Jigger Treatment										
Healing Faith Malaria Program	1									
Young Living Academy Ecuado	Or, Sponsor a Child* \$75/month									
Croatia Orphanage										
General Donation										
TOTAL		\$	\$				%			
Gender Commission Check Deduction	(Y/N)	Grad	le Level							
I authorize Young Living Essential Oils to w Foundation. This will remain in effect until f		ny monthly commission ch		ill be donated	d to the	Young Li	ving			
Signature	·	Date	Pate							
 Commission check deductions will be be made if the amount of the donatio and maintenance fees have been app You will receive a yearly donation stat Donations made to the Young Living only.) As per standard policy, if the commist the member's Young Living account. 	in exceeds the amount of the corr lied. tement from the Young Living Fo Foundation will not reduce or adj	nmission check. Donations undation to keep for your ust your 1099 statement e	will be deductax records.	ted after all	applicat	ole adjusti 5 Distribu	ments tors			
Visa	MasterCard			AMEX						
Discover	Check		Cash							
Name of Cardholder							-			
Credit/Debit #		Exp. Date			Sec C	ode				
Address	City		State		Zip					
Cardholder Signature	,		Date	'						
MAIL – Young Living Foundatio EMAIL – brdavis@youngliving.c		•	-3							