



Project HOPE Donation Form

I want to support your work to prevent disease, promote wellness and save lives.

Enclosed is my gift of: \$50 \$100 \$500 \$1000 Other \$ _____

Yes! I want to make this a regular, monthly gift.

Your Information

First Name _____ Last Name _____

Address 1 _____

Address 2 _____

City _____ State _____ Postal Code _____

Country _____

Email _____ @ _____

Phone (h) _____ (m) _____

Payment Information

I have enclosed my check for the amount listed above. **Make check payable to Project HOPE**

Charge my credit card. Visa MasterCard American Express Discover

Credit Card Number _____ Expires: ____/____

Signature _____

Honor Someone Special

In Honor Of In Memory Of Please send a letter by postal mail to my honoree

Honoree's First Name _____ Honoree's Last Name _____

Address _____

City _____ State _____ Postal Code _____

Country _____

**Mail this donation form with your contribution to our gift processing center
Project HOPE, PO BOX 5029, Hagerstown MD, 21741-5029**

Your gift will help support our lifesaving work — including educating health professionals and community health workers; strengthening health systems; fighting diseases such as TB, HIV/AIDS and diabetes; and providing humanitarian assistance through donated medicines, medical supplies and volunteer medical help.

Project HOPE is a 501(c)(3) organization. Contributions are tax deductible in accordance with IRS rules and regulations.

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