

MAIL-IN DONATION

Send your gift today.



MAILING INFORMATION

Include your full mailing address so we can send a receipt for your tax-deductible donation.

YES! I want to empower health workers and improve the health and well-being of people in need around the world.

FULL NAME		COMPANY
STREET ADDRESS		APT
CITY	STATE	ZIP
EMAIL	PHONE	

SELECT METHOD

Project HOPE is a 501(c)(3) charity. Your gift to Project HOPE is tax-deductible to the full extent allowed by law. Thank you.

OPTION 1 One-time gift

Enclosed is my one-time gift of:

- \$35
 \$70
 \$150
 \$500
 \$1,000
 \$2,000
 Other \$ _____

PAYMENT OPTIONS:

- I've enclosed my check** payable to Project HOPE.
 I'd like to make a gift by credit or debit card.
 (Please provide card information below.)
 Mastercard
 Discover
 Visa
 AMEX

ACCOUNT NUMBER	EXP. DATE
/	
SIGNATURE	DATE

OPTION 2 Monthly gift

Enclosed is my monthly gift of:

- \$10/mo.
 \$15/mo.
 \$30/mo.
 \$50/mo.
 Other \$ _____

PAYMENT OPTIONS:

- I authorize my bank to send my gift to Project HOPE each month.
 Enclosed please find my voided check. Or:
 I've provided my checking account information below:

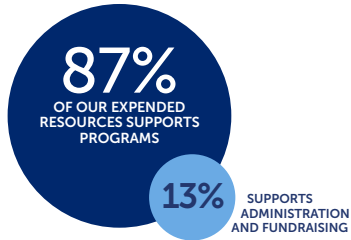
BANK NAME
CHECK ROUTING NUMBER
ACCOUNT NUMBER
SIGNATURE
DATE

Debit / credit card

I authorize Project HOPE to charge my credit or debit card each month.

- Mastercard
 Discover
 Visa
 AMEX

ACCOUNT NUMBER	EXP. DATE
/	
SIGNATURE	DATE



MAIL YOUR GIFT

MAIL THIS FORM

with your check or credit card information to:

Project HOPE
PO Box 5029,
Hagerstown, MD
21741-5029

COMMENTS