

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:**

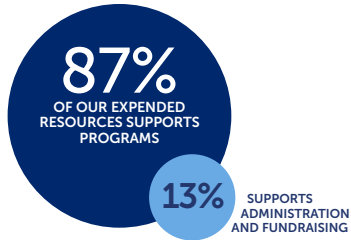
BANK NAME
CHECK ROUTING NUMBER
ACCOUNT NUMBER
SIGNATURE
DATE

#### **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  
1220 19th St NW, Suite 800,  
Washington, DC  
20036

COMMENTS