

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.)

ACCOUNT NUMBER

EXP. DATE

SIGNATURE

DATE

OPTION 2 Monthly gift

Enclosed is my monthly gift of:

☐ \$10/mo. ☐ \$15/mo. ☐ \$22/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

ROUTING NUMBER

ACCOUNT NUMBER

SIGNATURE

DATE

☐ **Debit / credit card**

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

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

WZZZUMZZZW

87%

OF OUR EXPENDED
RESOURCES SUPPORTS
PROGRAMS

13%

SUPPORTS
ADMINISTRATION
AND FUNDRAISING