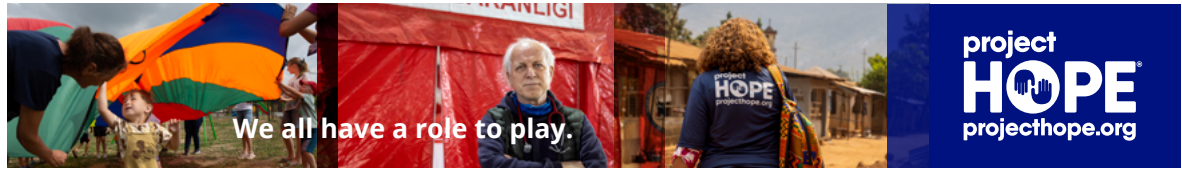


MAIL-IN DONATION

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 _____

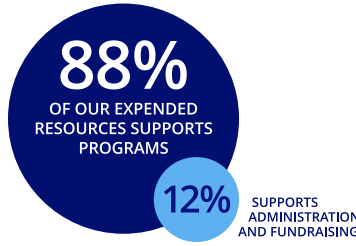
STREET ADDRESS _____ APT _____

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 _____

MAIL THIS FORM with your check or credit card information to:

Project HOPE
1220 19th St NW, Suite 800
Washington, DC 20036

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