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.



84% of our expended resources support programs

16% support admistration and fundraising

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 acount 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
1101 Connecticut Ave, NW, Suite 500
Washington, DC 20036

WZZZUMZZZZW