



MAIL-IN DONATION FORM

Please print this form, complete the information, and then mail the form to World Medical Relief

DONOR INFORMATION

Donor Name (First Name and Last Name): _____

Organization Name (Fill this out only if you're making your donation on behalf of an organization): _____

ADDRESS INFORMATION

Address (If you're making this donation on behalf of an organization, please provide the company's address): _____

City: _____ State: _____ Zip Code: _____

Country: _____

Email: _____

Telephone Number: _____ Home Mobile

PAYMENT OPTIONS

One Time Gift Amount: _____

I'm enclosing my check made payable to World Medical Relief

Please charge my credit/debit card:

Visa MasterCard American Express Discover

Cardholder's Name: _____

Card Number: _____

Security Code: _____ Expiration Date: _____

OR Become a Monthly Donor!

Your monthly gift can make a meaningful difference.

YES! Please bill my credit/debit card in the amount of \$_____ per month.

YES! I would like to make a monthly gift in the amount of \$_____ using my checking account. I've attached a voided check from the account I would like to use.

Your monthly donation will be made each month from the payment option you selected. You may cancel or change this amount at any time by calling 1-313-866-5333

I WANT TO SUPPORT

Please designate your gift to one of the following:

Where It Is Needed Most: Support all of the urgent humanitarian needs of World Medical Relief

Local Programs: Help support the programs that provide services to people in the state of Michigan

International Programs: Help support the programs to provide services to international countries with people in need

Other* (please specify): _____

Please mail this completed form to: World Medical Relief
21725 Melrose Ave.
Southfield, MI 48075

World Medical Relief is a 501(c)(3) Nonprofit Organization.
Your donation is tax-deductible to the extent allowed by law. EIN 38-1575570