

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 American Express Discover

Cardholder's Name:

Card Number: _____

Security Code: _____ Expiration Date: _____

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

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

- □ 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

World Medical Relief 21725 Melrose Ave. Southfield, MI 48075