



Mercy Corps
Dept W
PO Box 2669
Portland OR 97208

Enclosed please find my check or credit card information in the amount of:

\$ _____ .00 ___ Check Enclosed ___ Credit Card

Last Name or Organization Name: _____

First Name/Org. Contact: _____ Title: _____

Address1: _____

Address2: _____

City: _____ State: _____

ZIP: _____ Country (if not US): _____

Email Address: _____

Home Phone: _____ Business Phone: _____

Comments: _____

Credit Card Information:

Card Type: (check one): ___ Visa ___ MasterCard ___ Amex ___ Discover

Credit Card #: _____

Expiration Date: _____ / _____

Name on Card: _____

Signature: _____