

DONATION FORM

YES! I want to help people around the world transform their lives and their communities. Please choose one of the giving options listed below.

NAME _____ PHONE (____) _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP _____

OPTION 1 Enclosed is my ONE TIME GIFT of:

- \$35 \$70 \$150 \$500 Other \$ _____
- I've enclosed my check payable to Mercy Corps.
- I'd like to make a gift by credit or debit card. (please provide card information below)
- Mastercard Visa Discover American Express

ACCOUNT NUMBER _____ / _____
EXP. DATE

SIGNATURE _____ DATE _____

Your gifts are tax-deductable to the full extent allowed by law. Authorization to charge your credit card or transfer your monthly pledge from your bank account shall remain in effect until you notify Mercy Corps, at least 10 days in advance of the charge date that you want to end this agreement.

COMMENTS:

OPTION 2 Enclosed is my MONTHLY GIFT of:

- \$10 \$30 \$50 Other \$ _____

Automatic Monthly Bank Transfer

- I authorize my bank to transfer my gift amount to Mercy Corps each month. I've enclosed a check for this amount from the account I wish to use.

SIGNATURE _____ DATE _____

Debit/Credit Card

- I authorize Mercy Corps to charge my credit or debit card each month.
- Mastercard Visa Discover American Express

ACCOUNT NUMBER _____ / _____
EXP. DATE

SIGNATURE _____ DATE _____

PAY TO:
Mercy Corps, Dept. W
PO BOX 2669
Portland, Oregon 97208