



## Donation Form

### Donor Information (please print or type \* indicates required field)

Name*	
Address*	
City*	
State*	
ZIP Code*	
Telephone* (home)	
Fax	
E-Mail	

### Donation Information

I (we) agree to donate a total of \$\_\_\_\_\_ to be paid:  
 \_\_\_ one time \_\_\_ monthly \_\_\_ quarterly \_\_\_ yearly.

I (we) plan to make this contribution in the form of:  
 \_\_\_ cash \_\_\_ check \_\_\_ credit card \_\_\_ PayPal  
 Please DO NOT mail cash.

\_\_\_ MC \_\_\_ Visa \_\_\_ AMEX \_\_\_ Discover

Credit card number	
Expiration date	
Authorized signature	

### Acknowledgement Information

Please use the following name(s) in all acknowledgements:

--

\_\_\_ I (we) wish to have our gift remain anonymous.

Signature(s)
Date

Please make checks, corporate matches, or other gifts payable to: **Hope for Haiti Foundation**, please note in memo section 24 Hours for Haiti

Please Mail Checks To:



**Hope for Haiti Foundation**  
 9241 Globe Center Drive - Suite 110  
 Morrisville, NC 27560  
 Phone: 919.806.3355