

A Promise of Health Donation Form
(Please send this form with your donation)

Mail to: Web donations
A Promise of Health
P.O. Box 13639
Salem, Oregon 97309-7096

I wish to support ***A Promise of Health's*** Medicine Wheel Program to bring primary healthcare to the Yucatán Maya.

I would like to contribute \$ _____ (U.S. currency).
\$20,000 funds a Medicine Wheel for one year. \$400 funds 2 days each month in a village. \$200 funds 1 day each month. \$100 funds one half day each month. \$65 buys 10 patient visits and contributes to our health and hygiene education program. \$35 buys 5 patient visits, contributing to all of the same programs.

My name is _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

My email is: _____

To make your donation above in memory of, or in honor of, someone special, please fill out the following:

In memory of / honor of (please circle one):

Please send a card to my honoree to notify them I made a donation in their name.

Name: _____

Address: _____

City: _____ State _____ Zip _____

Country _____

A Promise of Health is a 501(c)(3) non-profit organization authorized to receive tax-deductible contributions as allowed by law. Donations are fully tax deductible.