

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

Mail to: Web donations

A Promise of Health
P.O. Box 247
Hiawatha, IA 52233

I wish to support A Promise of Health's programs to bring primary healthcare to the rural Mexico.

I would like to contribute \$ _____ (U.S. currency).

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.