



THANK YOU FOR YOUR SUPPORT.

Mail all payments to:
Haitian Health Foundation
97 Sherman Street
Norwich, CT 06360

Gift Amount in USD: \$ _____ .00

Donation Preferences (Please check one):

- This is a one-time donation
 I would like to make this a recurring donation deducted: Monthly Quarterly

To make a donation in honor or in memory of someone special, please check the appropriate box below:

- My donation is In Honor of someone: _____
 My donation is In Memory of someone : _____

Program Area

To direct your donation to a specific program or fund, please select it from the list below.

- | | |
|--|---|
| <input type="checkbox"/> Please use my gift where HHF needs it most | <input type="checkbox"/> Adopt-a-Village (\$5000) |
| <input type="checkbox"/> Adopt-a-Health Agent (\$3600) | <input type="checkbox"/> Clean Latrines (\$225) |
| <input type="checkbox"/> Clinic Needs (Medicines Diabetic Care etc.) | <input type="checkbox"/> Center of Hope |
| <input type="checkbox"/> Happy House Program (\$600) | <input type="checkbox"/> Feed-a-Child (\$25/month) |
| <input type="checkbox"/> Feed-a-Child (\$150 semi-annually) | <input type="checkbox"/> Feed-a-Child (\$300/year) |
| <input type="checkbox"/> Give-a-Goat Program (\$150) | <input type="checkbox"/> Responsible Sexuality and Soccer Program |
| <input type="checkbox"/> Save-A-Family (\$25 month) | <input type="checkbox"/> Save-A-Family (\$150 semi-annually) |
| <input type="checkbox"/> Save-A-Family (\$300/year) | <input type="checkbox"/> Sponsor-a-Student`s Education (\$150) |

An asterisk (*) indicates a required field.

Contact Information

- * First Name: _____ * Last Name: _____
* Address: _____
* City: _____
* State/Prov: _____
* Zip Code: _____
* Country: _____
Phone: _____
* Email: _____

Please select a payment method for your gift.

- Credit Card
Type (circle one): VS MC AX
Number: _____ EXP: _____
Name on Card: _____
Signature: _____
- Check (Make checks payable to Haitian Health Foundation)
 Securities