



Changing lives – one person at a time!

Join us in improving the health and well-being of women, children, families and communities living in the greater Jérémie region through healthcare, education and community development.

Donation Preferences:

Gift Amount in USD: \$ _____

I would like this donation to be: one-time donation monthly quarterly

My donation is: in honor of in memory of congratulations

Please, do not include my name and/or the gift amount in the notification

Send gift notification to: _____

Please direct my donation to the specific program or fund as checked below:

- Where HHF needs it most
- Clinic Needs (patient care, medicines, medical supplies, diabetes/HIV treatment)
- Happy House (\$1,250)
- Feed-a-Child: \$25/month \$300/year
- Save a Family: \$25/month \$300/year
- Sponsor-a-Student`s Education (\$250)
- Adopt-a-Village (\$5,000)
- Healthy Pregnancy-Healthy Motherhood (Center of Hope)
- Clean Latrines (\$275)
- Give-a-Goat Program (\$150)
- Save-A-Malnourished Child (\$750)
- Buy a Meal for St. Pierre Students (\$115)

Contact Information (An asterisk * indicates a required field)

* First Name: _____

* Last Name: _____

* Address: _____

* City: _____

* State: _____

* Zip Code: _____

* Country: _____

Phone: _____

Email: _____

Method of Payment:

- Cash Check (made payable to: Haitian Health Foundation) Securities
- Credit Card (VISA, MasterCard or AmEx), please call us at (860) 886-4357 or visit www.HaitianHealthFoundation.org

Mail all payments to:

Haitian Health Foundation

97 Sherman Street • Norwich, CT 06360

THANK YOU FOR YOUR SUPPORT!

