



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 Other:

Please include My name 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, etc.)
- Happy House (\$4,000)
- Feed-a-Child: \$25/month \$300/year
- Save-a-Family: \$25/month \$300/year
- Sponsor-a-Student`s Education (\$350)
- Adopt-a-Village (\$5,000)
- Healthy Pregnancy-Healthy Motherhood (Center of Hope)
- Composting Toilet (\$500)
- Give-a-Goat (\$150)
- Solar Light Kit (\$250)
- House Repair (\$1,000)

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!

