



Changing Lives ~ One Person at a Time.

Join us in improving the health and well-being of women, children, families and communities in Haiti 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 | ☐ Happy House - \$4,000 |
| ☐ Food Kits - \$150 | ☐ Sanitation/ Hygiene Kits - \$50 |
| ☐ Adopt a Village - \$5,000 | ☐ Reconstruction of Houses - \$1,000 |
| ☐ Center of Hope - Maternal Health | ☐ Save a Family: |
| ☐ Clinic / Healthcare | ☐ \$25/month ☐ \$300/year |
| ☐ Dental Care | ☐ Solar Light Kit - \$250 |
| ☐ Feed a Child: ☐ \$25/month ☐ \$300/year | ☐ Sponsor a Student - \$350/academic year |
| ☐ Give a Goat - \$150 | |

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!