



Your gift makes a difference

Thank you for your compassion and generosity. Your gift is already working to provide life-saving medical care to people in crisis around the world.

Name: _____
Address: _____
City: _____ **State/Province:** _____ **Zip code:** _____
Email: _____ **Phone:** _____

Gift Amount: \$ _____
My Gift is:
 One-time gift
 Monthly gift
For monthly gifts, please indicate your desired monthly donation date starting next month:
 1st of every month 15th of every month

My check is enclosed
 Please charge my credit or debit card

Name as it appears on your card: _____
Billing address (if different from above): _____

Card Type: Visa MasterCard Discover American Express
Card Number: _____ **Exp. Date (mm/yy):** _____

By signing below, I authorize Medical Teams International to charge my card as indicated above
Signature: _____

If this gift is a tribute gift, please select: In honor of: _____ In memory of:
 Name: _____
 Address: _____ City: _____ State/Province: _____ Zip code: _____

Please apply my gift to the following need:
 Help where it's needed most Save a life through a disaster response
 Save a mother and baby Provide urgent dental care
 Provide refugees relief Ship life-saving medical supplies