



Your gift makes a difference

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

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Gift Amount: \$ _____

My Gift is:

☐ One-time gift

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Mail-in monthly gifts will be processed the day they are received.

☐ My check is enclosed
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Name as it appears on your card: _____

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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:

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For more information, please visit www.medicalteams.org