## **OUTREACH TO HAITI - DONOR FORM**



I want to support Outreach to Haiti in 'Helping Haitians help Haitians.'

My donation (please check the one that applies):

I want to provide support in the amount of \$\_\_\_\_\_. I would like to provide this support:

- □ Annually
- □ Quarterly
- □ Monthly
- $\Box$  As a one-time donation of \$ .

I want my funds to support (please write the amount of this donation you wish to go toward each program):

- □ The most urgent need: \$\_\_\_\_\_
- Education programs: \$\_\_\_\_\_
- Medical programs: \$\_\_\_\_\_
- Meal programs:
- Orphanage support: \$\_\_\_\_\_ \$ Our mission house:

Payment options (please check the option that works best for you):

□ I have enclosed a check. (Checks should be made to: Outreach to Haiti)

□ I would like to pay with my debit or credit card:

Credit card type(MasterCard or Visa only): \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_

3 Digit Code:\_\_\_\_\_ Donation amount: \$ \_\_\_\_\_

Frequency of payment (eg, one-time, monthly, annually):

I, \_\_\_\_\_, authorize the payment as designated above.

Signed

□ I pledge \$\_\_\_\_\_\_ to Outreach to Haiti, and I will send in these funds over

the next \_\_\_\_\_.

Please send a payment reminder once every .

Other options (Please check all that apply):

Please contact me so that I can learn more about Haiti.

My name:	
My telephone number:	My e-mail:
My street address:	

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Add me to your e-mail listserve (group e-mailing) so that I can receive occasional news about Outreach to Haiti and developments in Haiti.

E-mail address:

Please mail this completed form to: Outreach to Haiti 815 Boswell Ave. Norwich, CT 06360

If you have questions, you also can contact us at: 860.800.3601 info@outreachtohaiti.org