



Gifts by Mail or Fax

Please print this form, and mail it with your check or credit card information to:

Pan American Health and Education Foundation
525 23rd Street, NW
Washington, DC 20037-2895

Or fax your credit card information to:

(202) 974-3636.

Yes! I'll help save lives and build a healthy future for people in need by making a gift of: \$1,000 \$500 \$250 \$100 \$50 \$25 \$10 Other ____

Name: _____

Billing address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Phone: _____ E-mail: _____

I have enclosed a check payable to Pan American Health and Education Foundation.
Please charge my gift to my: Visa MasterCard American Express Discover

Cardholder name: _____

Card Number: _____ Expiration Date: _____

Signature: _____

Please Direct My Gift to One of the Following:

- The Area of Greatest Need
- Terminemos con la Violencia Doméstica Fund
- Fund for *Let's eat healthy, live well, and get moving America!*
- Children's Health Fund
- Worm Busters Campaign
- Indigenous People's Fund
- Infection Control Fund
- Healthy Aging Fund
- Blood Safety in the Americas
- Friends of Bolivia Fund
- Global Violence Prevention Advocacy

- Women's Health Fund
- ASM/Asia Tsunami Relief/Recovery Fund
- Eduardo R. Méndez Memorial Fund
- Fundación Metrofraternidad (FMF) Patient Fund
- WHO/Asia Tsunami Health & Recovery Fund
- Disaster Recovery Fund
- Other (please specify) _____

Additional Information:

- Please tell us how you learned about us _____
- My employer has a matching gift program. I am including the appropriate form.
Employer Name _____
- I am interested in including the Foundation in my will. Please send me more information about bequests.
- I would like to receive periodic updates about the work of the Foundation.
- I know other people who would be interested in learning about the Foundation.
Please send an email with a link to the Foundation's web page to the following email addresses: _____.