Tropical Health Alliance Foundation
www.thaf.org

CONTRIBUTION FORM

Yes, I want to support the work of Tropical Health Alliance Foundation. My gift is enclosed in the amount of:

☐ $25 ☐ $50 ☐ $100 ☐ $500 ☐ Another Amount $ _____

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Address _____

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Email Address _____

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☐ I prefer to make my gift by check (enclosed)

I prefer to make my gift by credit card: ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Credit Card Number: ☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐

Expiration Date: ☐☐-☐☐☐☐ *Example: write 06-2012 for June, 2012*

Name as it appears on card (*print clearly*): _____

Signature: _____

Please mail this completed form along with your check (if applicable) to:

Tropical Health Alliance Foundation
Post Office Box 1270
Loma Linda, CA 92354

- *Tropical Health Alliance Foundation is a 501 (c)(3) organization. All gifts are tax deductible to the fullest extent of the law.*
- *Operating expenses of the Foundation are underwritten;* ***100% of donors' gifts are applied to the charitable purpose!***

Thank you for your gift!