



# Tropical Health Alliance Foundation

[www.thaf.org](http://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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I prefer to make 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*

Security Code: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**You can email this form to: [laura@thaf.org](mailto:laura@thaf.org)**

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

**Tropical Health Alliance Foundation  
P.O. 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!*