



DONATION FORM

Please note: The IAHPC is a USA 501(c)(3) Public Charity and donations to the IAHPC are to be used and allocated for the accomplishment and advancement of the organization's mission. IAHPC is not an agency or can't act as an agent for any hospice, program or institution. If you intend to send a donation to a specific hospice, program or institution, please contact the beneficiary directly. This donation is tax deductible. IAHPC does not distribute or sell contact information of our donors. This information is treated as confidential and is only for our files and record keeping.

SECTION 1

*=Required Fields

*Donor Name (First, Last): _____
*Address: _____
*City: _____ State/Prov: _____
*Country: _____ Postal Code: _____
*Email: _____ Phone (with area code): _____

SECTION 2

Please select the Program you wish the donation to be allocated to:

- General Funds:** Your donation will be allocated to pay for programs and operations based on need
 Traveling Fellowship Program: Help send a professor to teach in a developing country
 Traveling Scholarship Program: Help send a hospice/palliative care worker from a resource poor setting to learn and train in a program, seminar or congress
 Faculty Development Program: Help support a teaching position for nurses and physicians in developing countries
 Other _____

SECTION 3

If this donation is made in memory of someone, please complete this section. If not, proceed to Section 4.
In Memory of: _____

If an acknowledgment of the donation is to be sent to a third party, please fill in the following:
Specify amount of donation in acknowledgment? Yes ___ No ___

If you wish to include a phrase or statement in the acknowledgment letter, please write it below. IAHPC will copy your statement in the letter.

Send letter of acknowledgment to:

Acknowledge Name: _____
Acknowledge Address: _____
Acknowledge City: _____
Acknowledge State/Prov: _____
Acknowledge Country: _____



INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE
Promoting Hospice & Palliative Care Worldwide

Acknowledge Postal Code: _____
Acknowledge Email (if available): _____

SECTION 4

* Amount of Donation to IAHPC

Option 1 – One time donation of: \$ _____ US Dollars only (no cents)
Option 2 – Ongoing donation of: \$ _____ US Dollars only (no cents)
If Option 2, please specify: Monthly _____ Quarterly _____ Yearly _____

Donation made in US dollars using any of the following:

___ Check (in US dollars and payable to IAHPC)
___ Travelers' checks (in US dollars and payable to IAHPC)
___ Money order (in US dollars and payable to IAHPC)
___ Credit Card: (Choose one) Visa _____ MasterCard _____ American Express _____

*Name As Appears On Card: _____
*Account Number (No spaces) _____
*Expiration Month _____ Year: _____ *CVV _____

CVV number: For Visa/Mastercard, the three-digit CVV number is printed on the signature panel on the back of the card immediately after the card's account number. For American Express, the four-digit CVV number is printed on the front of the card above the card account number.

*Cardholder's billing Address: _____
*Cardholder's City: _____
*Cardholder's State/Province: _____
*Cardholder's Zip Code: _____
*Cardholder's Country: _____
*Cardholder's email: _____

Is a receipt required for tax purposes?: Yes _____ No _____

*I agree to the amount stated in the total above be charged to my credit card (Print YES) _____

Signature _____

Please send this completed form along with form of payment to:

IAHPC
5535 Memorial Dr.
Suite F - PMB 509
Houston TX 77007
USA
Or Fax To: +1 (713) 589- 3657

If you have any questions about this donation, please contact us at admin@iahpc.com or call us toll free at (866) 374-2472

Thank you for your donation. We appreciate your support and help!
You will receive a confirmation letter once your donation is processed.

The IAHPC Team