Impact Global Health Alliance

Visit our website or scan the QR code to make a secure online donation.

Give a gift *In Memory* or *In Honor* of someone special.

Type of gift (check one): ❑ In Honor of ❑ In Memory of

The name of the special person: _____

Where to send notification:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Or you may choose to have the notification sent to recipient's e-mail address:

E-mail: _____

Yes, I want to help Impact Global Health Alliance save lives!

Donor Name*: _____

Street: _____

City: _____

State: _____ Zip: _____

Home Phone: _____

Work Phone: _____

E-mail: _____

❑ I would like to remain anonymous

I would like to make a tax-deductible contribution of:

❑ $1,000 ❑ $750 ❑ $500 ❑ 100 ❑ $50

❑ $30 ❑ Other _____

❑ Enclosed is a check

❑ Please charge my Visa/MasterCard/American Express (circle)

Card Number: _____

Security Code: _____ Exp. Date: _____

Signature: _____

Name as it appears on card: _____

Double your contribution and make a greater impact!

❑ My employer will match my gift. *(Ask your HR Dept. for a form)*

Name of Employer: _____

**As acknowledged in agency publications. All information is kept private. We do not rent, trade, or share our mailing list for any reason.*

If you have any questions, please contact Impact Global Health Alliance at 1-877-510-4787. Thank you!

impactglobalhealthalliance.org