

***A Promise of Health Donation Form***  
**(Please send this form with your donation)**

Mail to: Web donations

**A Promise of Health**  
**P.O. Box 247**  
**Hiawatha, IA 52233**

I wish to support ***A Promise of Health's*** programs to bring primary healthcare to the Yucatán Maya.

I would like to contribute \$ \_\_\_\_\_ (U.S. currency).

My name is \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

My email is: \_\_\_\_\_

To make your donation above in memory of, or in honor of, someone special, please fill out the following:

In memory of / honor of (please circle one):

\_\_\_\_\_

Please send a card to my honoree to notify them I made a donation in their name.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

*A Promise of Health is a 501(c)(3) non-profit organization authorized to receive tax-deductible contributions as allowed by law. Donations are fully tax deductible.*