



Your gift makes a difference

Thank you for your compassion and generosity. Your gift is already at work providing life-saving medical care to people facing crisis.

Name: _____ **Address:** _____

City: _____ **State/Province:** _____ **Email:** _____

Phone: _____

Gift Amount: \$ _____

My Gift is a:

_____ **One-time gift**

_____ **Monthly gift**

For monthly gifts, please indicate your desired monthly donation date starting next month.

My check is enclosed (or)

Please charge my credit or debit card

Name as it appears on your card: _____

Billing address (if different from above): _____

Card Type: Visa MasterCard Discover American Express

Card Number: _____ **Exp. Date (mm/yy):** _____ **CVV:** _____

By signing below, I authorize Medical Teams International to charge my card as indicated above

Signature: _____

If this gift is a tribute gift, please select: In honor of: _____ In memory of:

Name: _____

Address: _____ City: _____

State/Province: _____ Zip code: _____

Medical Teams International is committed to sound stewardship and using your gift to boldly break barriers to health and restore wholeness in a hurting world. In the event a project is over funded, we will redirect the excess to where it is most needed.

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