



**INTERNATIONAL ASSOCIATION FOR HOSPICE & PALLIATIVE CARE**

*Promoting Hospice & Palliative Care Worldwide*

**DONATION FORM**

The IAHPC is a 501(c)(3) Public Charity – This donation is tax deductible

**Please note:** 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's 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

**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 \_\_\_

Send letter of acknowledgment to:

Acknowledgment Name \_\_\_\_\_

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

Acknowledgment City: \_\_\_\_\_ Acknowledgment State/Prov \_\_\_\_\_

Acknowledgment Country: \_\_\_\_\_ Acknowledgment Postal Code: \_\_\_\_\_

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.

\_\_\_\_\_  
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**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)

\_\_\_\_ 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 is the same than SECTION 1? If not, please fill in the following:

\*Cardholder's billing Address \_\_\_\_\_

\*Cardholder's City \_\_\_\_\_

\*Cardholder's State/Province \_\_\_\_\_

\*Cardholder's Zip Code \_\_\_\_\_

\*Cardholder's Country \_\_\_\_\_

\*Cardholder's email address \_\_\_\_\_

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

\*Signature \_\_\_\_\_

Receipt required: YES\_\_\_\_\_ NO\_\_\_\_\_

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) 880-2948

If you have any questions about this donation, please contact us at [admin@iahpc.com](mailto: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