



# population services international

## donation form

Thank you for downloading this form from our website to send in your gift to PSI. Please complete, enclose your payment and send to:

Population Services International Contributions  
P.O. Box 423700  
Washington, D.C. 20042-3700

By supporting PSI, you are giving some of the world's most vulnerable people access to basic health care. If you have any questions about making a donation, please contact Margaret Cohen, Deputy Director for Individual Giving & Major Gifts, at (202)469-6703.

### DONOR INFORMATION

Title: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

### HONOR/MEMORIAM

This is an honor gift      This is a memorial gift

Honor/Memorial First Name: \_\_\_\_\_  
Honor/Memorial Last Name: \_\_\_\_\_

Send notification to:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

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

Message to include:

### GIFT AMOUNT

\$38.96    \$58.44    \$116.88    \$233.76  
\$500      \$1000      \$2500      other: \$

### PAYMENT TYPE

credit card (select below)      check (payable to PSI)

Visa  
American Express  
Mastercard

Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
CVV Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

How your name should appear: \_\_\_\_\_