



# population services international donation form

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

**Population Services International Contribution**  
**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 healthcare. If you have any questions about donating, please contact Priyanka Harania at (202) 235-1838 or [pharania@psi.org](mailto:pharania@psi.org).

## DONOR INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Province (if not U.S.): \_\_\_\_\_  
Daytime Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_  
 Yes, I would like to receive occasional updates on the impact of your work.

## GIFT INFORMATION

Enclosed is my gift of \$ \_\_\_\_\_ (Please make check out to Population Services International)

Please charge my credit card for \$ \_\_\_\_\_

Visa                      MasterCard                      American Express                      Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Security Code: \_\_\_\_\_  
Signature: \_\_\_\_\_

## TRIBUTE/MEMORIAM GIFTS (OPTIONAL)

This gift is in Honor of: \_\_\_\_\_ This gift is in Memory of: \_\_\_\_\_  
Name: \_\_\_\_\_

### SEND GIFT NOTIFICATION TO:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Country: \_\_\_\_\_ Province (if not U.S.): \_\_\_\_\_  
Personal Message: \_\_\_\_\_  
\_\_\_\_\_