

## Contributor Form

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Please join us in our efforts to provide quality health services to our friends in Ecuador and Ghana. Your pledge of support is critical!  
Each contributor will receive periodic updates about the projects.

### Contribution

◆ I would like to contribute:

- |                                 |                                 |   |
|---------------------------------|---------------------------------|---|
| <input type="checkbox"/> \$ 25  | <input type="checkbox"/> \$ 200 | <input type="checkbox"/> \$ 750           |
| <input type="checkbox"/> \$ 50  | <input type="checkbox"/> \$ 350 | <input type="checkbox"/> \$ 1000          |
| <input type="checkbox"/> \$ 100 | <input type="checkbox"/> \$ 500 | <input type="checkbox"/> \$ _____ (other) |

\* On our website, we would like to publicly thank all contributors who pledge \$200 or more. If you would like to remain anonymous, please check this box:

- ◆ Please make check payable to **fhn USA**, or contribute online by clicking on the U.S. flag at [www.f-h-n.org](http://www.f-h-n.org).
- ◆ **fhn USA** is a 501(c)3 non-profit organization. All donations are tax-deductible.

**Thank you for your generous support!**

