

I wish to help Health Emergent International Services show love and compassion to international communities and to help allow the organization and its delivery of health care services to be dramatically and continually improved. I further wish to partner with Health Emergent International Services, through this financial contribution, in the continuing healing ministry of Jesus Christ in emerging and economically developing countries of South Central and Eastern Asia, with special concern for those peoples who are impoverished and vulnerable.

Fill in the below form, print and mail today.

First Name:

Last Name:

Address:

City:

State:  Zip Code:

Telephone Number with Area Code:

Amount of Charitable Contribution:

\$25  \$50  \$100  \$500  \$1,000  Other Amount

Method of Payment:

Check Enclosed  Visa  Master Card  American Express  Discover

Please use your printer to print this form. After printing this form, complete by signing and filling in any credit card information before mailing.

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature: \_\_\_\_\_

Mail to:

Health Emergent International Services  
Office of Gifts and Estate Planning  
PO Box 1225  
Issaquah, Washington 98027

Charitable Donations are tax deductible to the extent provided by law. Health Emergent International Services is a 501(c)3 tax exempt corporation.

