



Donation Form

Via Postal Delivery

Name of Donor: _____

Donation Type: _____
(Personal Check, Money Order or Cashier's Check)

Signature: _____

Amount of Your Donation (US\$): _____

Donor's Address: _____
(if not on check)

Donor's Email Address: _____

Phone Number: _____

On Behalf of: _____

Acknowledgment Letter to:

You will receive a letter and receipt for your tax deductible contribution via mail and acknowledgement will be sent to the address provided.

Please make checks payable to **VNHIP**

Please mail this form with your donation to:

Vietnam Health Improvement Project
PO Box 181182
Denver, CO 80218

Thank you.