



## Doctors Without Borders Donation Form

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

**Please email me the latest updates from the field and free e-newsletter at:**

Email Address \_\_\_\_\_

**I am making a tax-deductible gift of:**

\$50    \$100    \$500    \$1,000    Other \_\_\_\_\_

Please make your check payable to Doctors Without Borders and mail it with this form to:  
Doctors Without Borders USA, P.O. Box 5023, Hagerstown, MD 21741-5023.

**Or fill in the following to charge to your credit card:**

**American Express, MasterCard, Visa, and Discover accepted.**

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

*Thank you for your generosity. All contributions are tax deductible. Doctors Without Borders USA, Inc. is recognized as tax exempt under section 501(c)(3) of the Internal Revenue Code, Tax ID # 13-3433452.*

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