



IADHO Donation Form

150-38 Union Turnpike, Apt. #12E, Flushing, NY 11367

Sponsor Name																																						
Address / Apt. #																																						
City/ State / Zip																																						
Home Phone																																						
Email																																						
Member Solicited By																																						
Name (As it appears on the credit card)																																						
Type (Check One)	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Other:																																					
Card No.#																	Code No.#																					
Expiration Date									Credit Card Holders Signature																													

Donation Items

- 1. **Nutritional support one person \$50/ year.** Like to sponsor # of _____ of persons, Donation \$ _____
- 2. **Educational support to children effected by HIV Parents \$ 100.00/per year per student.** Like to sponsor # _____ of children, Donation \$ _____
- 3. **Sewing Machines with training, \$ 150.00 per machine.**
- 4. **Foster Care of HIV orphans (food, clothing & care) \$ 300 per year per child.** Like to sponsor # of _____ children, Donation \$ _____
- 5. **Mobile Health Clinics**, including medicines, transportation, physician services, counseling, health awareness, maternal and preventive childcare, geriatrics, **per week \$ 400.00 (covers 14 villages)**
- 6. **HIV/AIDS Testing** in a well equipped mobile van **\$ 500.00 per day.** Like to sponsor # of days _____, Donation \$ _____, Village Name _____

***Please make checks payable to IADHO, and mail it to the above address.**