



**Healing Hands for Haiti International Foundation Inc.  
A Physical Medicine and Rehabilitation Institute**

Date: \_\_\_\_\_

**Donor Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

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

Phone : \_\_\_\_\_

Enclosed donation Amount in US\$ \_\_\_\_\_

Purpose of gift (patient care, educational programs, support the clinic facilities, other)

Please make this a **monthly recurring contribution** (optional) (check here): \_\_\_\_\_

**In Honor or Memory**

If the gift is made in honor or memory, please check here: \_\_\_\_\_

Please let us know where to send acknowledgement of your gift, by providing the name and address (street, city, zip code) of the person you want us to inform.

\_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

**Thank you for your generosity,**

Healing Hands for Haiti International Foundation, Inc.  
P.O. Box 24834  
Minneapolis, MN 55424

*Healing Hands for Haiti International Foundation is a 501(c) 3 tax-exempt organization. All donations are tax deductible. Tax ID Number: 04-3486458. Please retain a copy of this form for your records.*