



Membership & Donation Form

HVO has two categories of supporters – donors & members. Members are health care professionals who may volunteer. Donors come from all walks of life, sharing a commitment to improve global health through education. All donations and membership dues to HVO are tax-deductible.

Personal Information (please print):

Name/Degree: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____ Specialty (if applicable): _____

Tele: _____ E-Mail: _____

Contribution Options (check all that apply):

- BECOME A MEMBER:**
- Physicians & Dentists (\$150)
 - Nurses & Allied Health Professional (\$70)
 - Those in Training (\$40)

- JOIN A LEADERSHIP CIRCLE:**
- President's Circle (\$5,000) Dean's Circle (\$500)
 - Chancellor's Circle (\$1,000) Professor's Circle (\$250)
 - Other: \$ _____

- MAKE A RECURRING GIFT:**
- Monthly Semi-annually
 - Quarterly Annually

I will begin my payments of \$ _____ (amount) on: _____ (start date) via a **recurring payment** to be deducted from the account I've indicated below.*

Method of Payment (check one):

I will pay the amount \$ _____ or make my recurring gift with:
(total amount)

Check (for recurring payment, please enclose a voided check)

VISA MasterCard Discover American Express

Card # _____ CVV _____ Exp Date _____
(Note: Address above should be associated with this card)

Signature (**required**): _____

*A record of each donation will appear on your bank or credit card statement. You can increase, decrease, or suspend your pledge at any time by contacting HVO by phone or mail. All donations provided to HVO originating as ACH transactions comply with U.S. law.

Please return this form to:

Health Volunteers Overseas
1900 L St, NW • Suite 310 • Washington, DC 20036
Tel: (202) 296-0928 • Fax: (202) 296-8018 • www.hvousing.org

Step 1

Step 2

Step 3