



Please mail this form with your enclosed check or credit card information to the following address:

International Medical Corps - Gift Processing Center  
File 2156  
1801 W Olympic Blvd  
Pasadena, CA 91199-2156

- Enclosed is my check made payable to International Medical Corps for: \$ \_\_\_\_\_
- I'd like to make my gift by credit or debit card for: \$ \_\_\_\_\_
- This gift is in honor / memory of. I have enclosed a note with the name, mailing address and message for a tribute card.

**Credit Card Information:**

- Visa     MC     AMEX     Discover

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC Number: \_\_\_\_\_

Signature: \_\_\_\_\_

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

- I would like to make this a monthly donation.

**Please include your mailing information so we can send a receipt of your tax-deductible gift:**

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

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

***Thank you for your generosity. Want to get important updates on our global lifesaving work? Text JOIN to 41612 and join our texting update list!***

**FROM RELIEF TO SELF-RELIANCE**

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