



US Donors: Donation Form

I(We) would like to make a gift to support Dignitas International in the development of its replicable, sustainable and cost-effective community-based healthcare delivery model.

First Name: _____ Last Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____

I(We) would like to make a monthly[^] / one-time (please circle one) donation in the amount of:

\$25	\$50	\$100	\$200	Other:
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[^]Monthly donations can be made by credit card, check or direct debit. If you choose to donate monthly by direct debit, please attach a VOID check to this donation form. If you choose to donate monthly by credit card or direct debit, please sign the Authorization below.

Monthly payments to start on: _____ / _____ / _____
(day / month / year)

AUTHORIZATION: I(We) acknowledge that I(we) have read, understood and accepted all the provisions contained in the Pre-Authorized Payment Authorization – Terms and Conditions (available by request or online in the “Donate” section at www.dignitasinternational.org).

Signature: _____

Please find a money order or check enclosed*: **Y / N**

*Dignitas International is able to have tax receipts issued (by Tides Foundation, our US partner) for donations by check or money order for gifts greater than \$250 (please make checks payable to Tides Foundation). For donations by check or money order for gifts less than \$250, please make checks payable to Dignitas International.



DIGNITAS

Please charge my credit card for the amount indicated above: **Y / N**

Charitable gift receipts will be issued by Groundspring.org for credit card donations of \$1 or more.

Visa / MasterCard / American Express (*please circle one*)

Card Number: _____

Expiry Date: _____

Security Number:** _____

**the security number is the last three digits of the number on the back of your card.

Signature: _____

You may fax this completed form to 416 260 3170 or mail the form and your donation to:

**Dignitas International
c/o Dr. Mario Garcia
400 Fountain Street
New Haven, CT 06515**

Thank you for your support! Together we are saving lives.