



## Mail-In Donation Form

Please print this form out to mail your donation to FemHealth USA and carafem health centers.

Donation Amount: \$ \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone Number \_\_\_\_\_

**My donation is enclosed.** (please make checks and money orders out to FemHealth USA)

**Credit Card:**     Visa         MasterCard         Discover         American Express  
Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

### Please mail your gift to:

Christopher Purdy, President  
FemHealth USA Headquarters  
1156 15th Street, NW  
Suite 700  
Washington, D.C. 20005

If you have any questions, call us at (202) 530-4160.

