



## DONATION FORM

**YES**, I want to support the Carter Center's efforts to wage peace, fight disease, and build hope around the world. Enclosed is my donation in the amount of:

\$25      \$35      \$50      Other \$ \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Country \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

I have enclosed my corporate matching gift form.

ENCLOSED IS MY CHECK. OR,

PLEASE CHARGE MY GIFT TO MY:

Visa   
 MasterCard   
 AMEX   
 Discover

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Credit Card # \_\_\_\_\_

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Print name as it appears on card \_\_\_\_\_

---

Exp. Date \_\_\_\_\_    Signature (Required) \_\_\_\_\_

My Gift is    In Honor    In Memory of:

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Please print name

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for \_\_\_\_\_

Occasion

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Please notify the following person of my gift:

Name \_\_\_\_\_

Address/Country \_\_\_\_\_

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**Thank you for  
your support!**

Please mail this completed form along with your check (if applicable) to:

The Carter Center  
Attn: Office of Development  
One Copenhill  
453 John Lewis Freedom Parkway NE  
Atlanta, GA 30307

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