



Health Finance Institute
Charitable Contribution Agreement Pledge Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Cell Phone Number: _____

Please indicate: Check Credit Card Other: _____

Credit Card #: _____ Expiration Date: _____

Signature: _____

As part of our process, you will receive a donor acknowledgement or thank you letter, but please indicate other way you would like your gift recognized (i.e., featured on our website, featured on our newsletter and/or social media, or you would like to remain anonymous):

This pledge will support:

Mexico Diabetes Program

Armenia Diabetes Program

Mexico Program or Armenia Program based on HFI's discretion

**** Health Finance Institute is a 501(c)(3) non-profit organization. All gifts are tax deductible to the extent of the law.**

www.healthfinanceinstitute.org

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1015 15th Street NW #637 Washington, D.C. 20005



In order to support Health Finance Institute, I/We, the undersigned donor(s), enter into this charitable contribution agreement, this _____ day of _____, 20____ to contribute to Health Finance Institute the sum of \$ _____.

Donor Signature: _____ Date: _____