



Peace Corps

OFFICE OF PRIVATE SECTOR INITIATIVES
DONATION FORM

I WANT TO SUPPORT PEACE CORPS BY CONTRIBUTING TO A PARTNERSHIP PROJECT.

I would like to support project number \_\_\_\_\_ in the amount of:
\$25 \$50 \$100 \$200 \$\_\_\_\_\_

CHARITABLE CONTRIBUTIONS TO THE PEACE CORPS ARE TAX-DEDUCTABLE UNDER SECTION 170(C)1 OF THE INTERNAL REVENUE CODE

Donation Method: [ ] Credit Card (check one below)

[ ] Visa/Master Card [ ] American Express [ ] Discover

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

Expiration Date (month/year): \_\_\_\_\_ / \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

[ ] Check (make check payable to Peace Corps Partnership Program)

First/Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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

[ ] I authorize the Peace Corps to make my name and contact information available to the Volunteer and community I am supporting.

Would you like to make this donation as a gift or for a memorial? Please provide us with the following information: [ ] Gift [ ] Memorial

Memorial or Gift Recipient:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

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

Comments: \_\_\_\_\_

ALTHOUGH EVERY EFFORT WILL BE MADE TO HONOR YOUR PROJECT CHOICE, IF A PROJECT IS FULLY FUNDED OR CANCELLED BEFORE YOUR DONATION IS RECEIVED, WE WILL REDIRECT YOUR CONTRIBUTION TO THE GLOBAL FUND.