

Medical Missions Donation Form

I would like to make a donation* in the amount of \$ _____

I would like to make a memorial gift in the amount of \$ _____
in the memory of _____

Send memorial acknowledgement to:

name: _____

address: _____

I would like to donate surgical instrumentation or disposable surgical supplies.
Please send me a list of desired items.

name: _____

address: _____

phone: _____

fax: _____

e-mail: _____

*The Podiatry Institute is a 501C3 non-profit corporation.
All donations are tax deductible to the fullest extent of the law.

Please print this page and mail with your check made payable to

The Podiatry Institute

2675 North Decatur Road, Suite 309
Decatur, GA 30033,

or charge you donation with MasterCard, Visa, Discover or American Express.

If paying by charge card:

Cardholder name: _____

Card type: _____

Card number: _____

Expiration date: ____ / ____

We thank you for your support of the Medical Missions program!