



*Donation Form*

Thank you for supporting Surgicorps International. Please complete this form and mail it to: Surgicorps International, 3392 Saxonburg Blvd, Suite 400, Glenshaw, PA 15116. For more information, contact Surgicorps at 412-767-4185 or email [info@surgicorps.org](mailto:info@surgicorps.org).

**Donor Information**

*Please list your name as you would like it to appear for donor recognition.*

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

First Name: \_\_\_\_\_ Spouse : \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please send me Surgicorps International's e-newsletter

**Gift Information**

Gift Amount \$ \_\_\_\_\_

- Enclosed is my/our gift of check made payable to Surgicorps International
- Bill my credit card    \_\_ Visa \_\_ MasterCard \_\_ American Express \_\_ Discover  
Number: \_\_\_\_\_ Verification Code: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_
- I am a Mission Trip Volunteer and this is for my trip to \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

**Tribute Information**

This gift is

- In Memory Of     In Honor Of    \_\_\_\_\_
- Please notify the following of this tribute gift:

Name: \_\_\_\_\_

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

\_\_\_\_\_

*Surgicorps International is a 501(c)(3) organization and all gifts are tax deductible to the extent allowed by law. A copy of the official registration and financial information for Surgicorps International may be obtained from the PA Department of State by calling 717-783-1720, or toll-free within Pennsylvania 1-800-732-0999. Registration does not imply endorsement.*