



Please mail this form with your enclosed check or credit card information to the following address:

International Medical Corps - Gift Processing Center
File 2156
1801 W Olympic Blvd
Pasadena, CA 91199-2156

- Enclosed is my check made payable to International Medical Corps for: \$ _____
- I'd like to make my gift by credit or debit card for: \$ _____
- This gift is in honor / memory of. I have enclosed a note with the name, mailing address and message for a tribute card.

Credit Card Information:

- Visa MC AMEX Discover

Card Number: _____

Name on Card: _____

Expiration Date: _____ CVC Number: _____

Signature: _____

Phone: _____ Email: _____

- I would like to make this a monthly donation.

Please include your mailing information so we can send a receipt of your tax-deductible gift:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Country: _____

Thank you for your generosity. Want to get important updates on our global lifesaving work? Text JOIN to 41612 and join our texting update list!

FROM RELIEF TO SELF-RELIANCE

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