



Visitation
Hospital
Foundation

Petite Rivière de Nippes, Haiti

Please accept my gift enclosed in support of Visitation Clinic, providing compassionate medical care to the southern rural area of Petite Rivière de Nippes in Haiti.

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

EMAIL _____

Enclosed in a check made payable to Visitation Hospital Foundation.

Charge my gift to my

VISA Mastercard Discover American Express

I would like to make a total pledge of \$_____, with payments of \$_____ per month quarter year.

I would like to make a one time gift in the amount of \$_____

NUMBER _____

EXP. DATE _____ SECURITY CODE _____

SIGNATURE _____

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ EMAIL _____

SIGNATURE _____