

International Medical Assistance Foundation

ENT and Pulmonary Medical Missions

If you wish to donate to help sponsor IMAF medical/surgical brigades, please return the following information. If you wish to sponsor a particular individual who is on an upcoming mission trip please provide that information as well.

- My donation \$_____
• I will help sponsor (individual/brigade):_____

Donations are tax deductible to the extent allowed by law. Acknowledgements will be sent. All contributions are confidential and the amount will not be revealed to anyone you are sponsoring without your permission.

- ___ Please let my friend know I helped him/her serve the people of Honduras.
• ___ I wish to remain anonymous

Your name _____

Address _____

City/State/Zip _____

Please make checks payable and mail to:

International Medical Assistance Foundation, Inc.
c/o Tim Pierce, Treasurer
231 S. Bemiston Ave. Suite 900
St. Louis, MO 63105

Matching:

My company matches charitable donations to institutions like IMAF. Please contact:

Company:_____ Department:_____

Name of company contact:_____ Phone:_____

Thank you!

International Medical Assistance Foundation
www.iMedAF.com
231 S. Bemiston Ave., Suite 900
St. Louis, MO 63105