

Donation and Honor/Memorial Form

Please fill out and mail to:

The Carter Center
Attn: Office of Development
One Copenhill Avenue
Atlanta, GA 30307

To support The Carter Center's efforts to wage peace, fight disease, and build hope around the world, I have enclosed a donation in the amount of \$_____.

Please check one of the following:

Enclosed is my check. Please charge my credit card.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Telephone: _____

Email address: _____

<p>Type of card: <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover</p> <p>Card Number: _____</p> <p>Expiration Date: _____</p> <p>Name on card: _____</p> <p>Signature: _____</p>
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<p>My gift is In Honor _____ In Memory _____ of</p> <p>_____</p> <p style="text-align: center;">Please print name</p> <p>for _____</p> <p style="text-align: center;">Occasion</p> <p>Please notify the following person of my gift:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City, State, Zip _____</p> <p>Country _____</p>
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