

THE
CARTER CENTER



DONATION FORM

YES, I want to support the Carter Center's efforts to wage peace, fight disease, and build hope around the world. Enclosed is my donation in the amount of:

\$25 \$35 \$50 Other \$ _____

Name _____

Address _____

Country _____

Email _____

Phone _____

I have enclosed my employer's matching gift form.

ENCLOSED IS MY CHECK. OR,

PLEASE CHARGE MY GIFT TO MY:

Visa MasterCard AMEX Discover

Credit Card # _____

Print name as it appears on card _____

Exp. Date _____

Signature (Required) _____

My Gift is In Honor In Memory of:

Please print name

for _____

Occasion

Please notify the following person of my gift:

Name _____

Address/Country _____

Please mail this completed form along with your check (if applicable) to:

*Thank you for
your support!*

The Carter Center
Attn: Office of Development
One Copenhill
453 Freedom Parkway NE
Atlanta, GA 30307

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