

DONATE BY MAIL

Fill out this form, print, and mail the form and your check to:
Physicians for Human Rights 256 West 38th Street, 9th Floor New York, NY 10018
I would like to make a gift of: <u>\$</u>
I have included a check made out to Physicians for Human Rights
I would like to have my gift charged to my (circle one):
VISA mastercard.
Visa MasterCard American Express Discover
Card Number:
Exp. Date: / (MM/ YY)
(The CVV Number is the 3 digit code on the reverse of your credit card)
Donor Name:
(If you are using your credit card, this address must be the address the card bills come to.)
Billing Address:
City: State:
ZIP or Postal Code:
Country:
Home/Cell Phone:
Email:
 Please sign me up to receive email updates about PHR's work to investigate, document, and advocate against human rights abuses. I would like my gift to be anonymous.

If you have any questions, please contact Cate Walters at 646-564-3737 or *gifts@phrusa.org*.