

DONATE BY MAIL

This form can be filled in on your computer, using Adobe Acrobat or Adobe Reader.* Fill it in, print, and mail with your check to:

Physicians for Human Rights 256 West 38th Street, 9th floor New York, N.Y. 10018

I would like to make a gift of: \$
I have included a check made out to Physicians for Human Rights
I would like to have my gift charged to my:
Visa MasterCard Discover
Card Number:
CVV Number: Exp. Date:
(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 Address:
 □ 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 call 646-564-3721 or email gifts@phrusa.org.