

One Patient. One Family. One World. Campaign for the Dominican Republic



Service. Healing. Transformation.

YES! I BELIEVE IN THE MISSION OF ONE WORLD SURGERY AND WANT TO SUPPORT THE CAPITAL CAMPAIGN!

Donor(s) _____

Preferred Recognition _____

Address _____

City, State, Zip _____

Home Phone _____

Business Phone _____ Cell Phone _____

Email _____

Terms of Pledge

Total Amount of Pledge \$ _____
Minimum pledge \$1,500 over 3 years

Pledge to be paid as follows:

I am supporting this campaign today with a gift of
\$ _____

Multi-year payment over _____ years as follows:
\$ _____ by _____, 20 ____
\$ _____ by _____, 20 ____
\$ _____ by _____, 20 ____

Multi-year pledges will be billed annually.

Method of Payments

Check payable to One World Surgery

Charge
Credit Card Number

Expiration _____ CV _____

Stock _____
Contact Siobhan Hansen at:
Siobhan.Hansen@oneworldsurgery.org

Matching Gift
My/Our gift will be matched by:

One World Surgery
510 Lake Cook Road
Suite 400
Deerfield, Illinois 60015

THANK YOU FOR YOUR CHARITABLE CONTRIBUTION!

www.oneworldsurgery.org
872-267-3846