

Yes!

I want to join the fight against HIV and tropical disease. Please send me an official donor certificate along with a complementary subscription to GMRP's newsletter.

Enclosed is my donation of

- \$500
- \$100
- \$50
- \$25
- \$Other (please specify): _____

***Note:** Please make checks payable to Global Medical Relief Program.

My name is:

My address is:

(Optional) I would like my donation to be made in honor of:

Detach this form and return it to:

Global Medical Relief Program
P.O. Box 292
Evanston, IL 60204-0292



Global Medical Relief Program

P.O. Box 292
Evanston, IL 60204-0292
www.globemed.org

Marley AIDS Advocacy

372 Styer Road
Glenmoore, PA 19343
www.marleyAIDS.org



All donations made to MAA or GMRP are tax-deductible under the Internal Revenue code. Please consult your IRS tax handbook for more information.



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HAPPINESS.

HOPE.

The
HEALTH OUTREACH
and
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A Project of the Global Medical Relief Program, NFP.

