

DONATION FORM



UNIVERSAL
MEDICAL MISSION

Please use the following form to donate to our organization.

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(A donation receipt will be mailed to the address above.)

Donation Information

Enclosed is my check in the following amount payable to Universal Medical Mission, Inc.

\$25 ____ \$50 ____ \$100 ____ Other ____

Print and mail the completed form with your credit card/check information to:

Universal Medical Mission, Inc.

1375 Clinton Avenue

Irvington, New Jersey 07111

We thank you for your donation.

As a non-profit organization, contributions to Universal Medical Mission may be tax-deductible.

No goods or services are being provided to you in exchange for your charitable contribution.

You can also make a donation on line at www.UniversalMedicalMission.org

You can also contact us by calling 973-375-5575