



THE GAVI FUND'S

Immunize Every Child Campaign

DONATION FORM

I am / We are happy to include *The GAVI Fund* among our charitable giving priorities.*

Our intentions are indicated below:

\$10,000 \$5,000 \$2,500 \$1,000 \$500 \$250

Other Amount: \$ _____

I/We would like to make a recurring monthly pledge of: \$ _____

I/We would prefer to make a contribution by:**

Check (Please make your check payable to: The GAVI Fund)

Credit Card (Please enter the information below):

Visa Master Card American Express Discover

Credit Card Number: _____ Ex. Date: _____

Signature: _____ SIC Code: _____

Name(s): _____

Address: _____

City: _____, State: _____ Zip Code (Postal Code): _____

Country: _____

Preferred Phone Number: _____

E-mail: _____

Yes, I'm interested in receiving quarterly e-mail communiqués.

Please send completed response forms or direct inquiries to:

Dirk Sellers, Senior Director

The GAVI Fund

1776 I (Eye) Street NW, Suite 600

Washington, DC 20006

Phone: 202-478-7745

E-mail: dsellers@gavialliance.org

*For charitable gift credit in any given tax year, your response must be postmarked on or before December 31.

**Gifts of stock are also welcome. For more information on stock transfers, please call us at 202-478-7723.