



# DONATION FORM

Please fill out and print the following form and send it with your contribution to:

**Medical Students for Choice**  
PO Box 40935  
Philadelphia, PA 19107

**Your donation will help us ensure that new doctors are fully trained to provide their patients with comprehensive reproductive health care.**

## Enclosed is my contribution of:

\$1,000    \$500    \$250    \$100    \$50    \$25    Other: \$ \_\_\_\_\_

Name \_\_\_\_\_ Affiliation \_\_\_\_\_

Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## Current Mailing Address

Street Address, P.O. Box \_\_\_\_\_ Apt./Suite Number \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
ZIP/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

## I am a:

Medical Student  
 Resident  
 Physician  
 Other: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

## I would like to donate by:

Check (enclosed—please make check out to Medical Students for Choice)  
 Master Card    Visa

Card Number \_\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_ Exp Date \_\_\_\_\_  
Month/Year

Signature \_\_\_\_\_

**Thank you for your contribution. Your gift is an investment in the next generation of abortion providers and pro-choice physicians!**

**MSFC is a 501(c)(3) charitable organization. Gifts are tax-deductible.**