



DONATION FORM

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

Medical Students for Choice
PO Box 20132
Philadelphia, PA 19145

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.