

Donate to EMDR HAP

Donor Information (PLEASE PRINT):

Mr. Ms. Mrs. Dr.

First Name: _____

Last Name: _____

Address 1: _____

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Postal Code: _____

Country: _____

Telephone: (____) _____

Email: _____

Credit Card Information:

Master Card: Visa: American Express: Discover:

CARD Number: _____ - _____ - _____ - _____

Expiration Date: Month _____ / Year _____

Donation Information:

- | | | |
|--|---|--|
| <input type="checkbox"/> Africa-Middle East Matching | <input type="checkbox"/> HAP in South Asia | <input type="checkbox"/> HAP on the Gulf Coast |
| <input type="checkbox"/> Combat PTSD | <input type="checkbox"/> HAP in the Middle East | <input type="checkbox"/> Trauma Recovery Network |
| <input type="checkbox"/> HAP in Africa | <input type="checkbox"/> HAP Kids | <input type="checkbox"/> Unrestricted |

Donation Amount: \$ _____

MAIL TO: EMDR HAP
PO Box 6505
Hamden, CT 06517

OR

FAX TO: 203-288-4060