

Donate to EMDR HAP

Donor Information (PLEASE PRINT):

Mr. Ms. Mrs. Dr.

First Name: _____

Last Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Postal Code: _____

Country: _____

Telephone: (____) _____

Email: _____

Credit Card Information:

Master Card: Visa: American Express: Discover:

CARD Number: _____ - _____ - _____ - _____

Expiration Date: Month _____ / Year _____

Donation Information:

Donation Amount: \$ _____

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

OR

FAX TO: 203-288-4060