



Health Volunteers Overseas
Transforming Lives Through Education

SEA-HVO Traveling Fellowship

Every year 30 to 40 senior anesthesia residents apply to teach anesthesia for a month at an HVO anesthesia teaching site in a developing country. The number of residents selected will depend on the number of fellowships available. **Please contribute to give anesthesia residents the opportunity to teach and make anesthesia safer in Africa, Asia and South America.**

Donation Information (check one):

I will make a **donation** of:
 \$100 \$250 \$500 \$1,000 Other: \$ _____

I would like to fund **my own named fellowship** for \$3,700 for one year.

Name: _____ **Fellowship**

I would like to make a gift of \$ _____ via a **recurring payment** to be deducted from the account I've indicated below.

I will begin my payments of \$ _____ on: _____
(amount) (start date)

These will be made (check one): annually semi-annually quarterly monthly

The amount you've indicated above will be charged to your credit card or bank account listed below in accordance with your directions. You can cancel your payment at any time by contacting the HVO offices.

Method of Payment (check one):

Check (make payable to "Health Volunteers Overseas" with "SEA Fellowship" in the memo field; for recurring payment, please enclose a voided check)

VISA MasterCard Discover American Express

Card # _____ CVV _____ Exp Date _____

Personal Information:

Signature (**required**): _____

Name: _____
(please print)

Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Tele: _____

Please return this form to:

Health Volunteers Overseas

1900 L St, NW • Suite 310 • Washington, DC 20036

Tel: (202) 296-0928 • Fax: (202) 296-8018 • www.hvovusa.org

Thank you for your support!

Step 1

Step 2

Step 3