



Health Volunteers Overseas
Transforming Lives Through Education

Orthopaedics Traveling Fellowship

Foremost to our mission, residents and young surgeons offer a unique educational opportunity for students and residents of orthopaedic care in resource-scarce countries. In addition, when senior residents and young surgeons work abroad with a preceptor and their overseas colleagues, they gain a new perspective on global orthopaedic care. ***Your support makes this possible – thank you!***

*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 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 "Orthopaedics 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: _____

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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.hvousa.org

or donate online:



Step 1

Step 2

Step 3