



P.O. Box 870 • Southfield, MI 48037 | (313) 378-9398 • www.cehguinea.org

GIVING FORM

You can share in our commitment to give the best medical and surgical care possible according to the means that God provides, with compassion, and to share the gospel of Christ clearly with everyone who comes. When you participate, your donation will be transferred conveniently from your checking account or credit card directly to Compassion Evangelical Hospital.

Your donation will go even further because our paperwork will be reduced; our income will be more predictable, putting your donation to work immediately to help the people who are served by our mission.

CONTACT

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Phone (_____) _____ Email _____

GIFT INFORMATION

I'd like to make a Donation Memorial Gift Honor Gift

In Memory/Honor of: _____

As a Monthly Gift Quarterly Gift One-Time Gift

On the 1st of the month 10th of the month 20th of the month

In the amount of: \$25 \$50 \$100 \$250 \$500 \$ _____ Other Amount

Please apply my gift to: General Operations/ MIAPE support (\$8446/month) Dr.

Kristen Schmaltz Support

Educational scholarships (nurses, medical students, doctors) (\$6000/year) Playground & Soccer Field Installation (\$7,000)

Surgeon's Home completion (\$20,000) Solar Power Addition (\$50,000)

Ophthalmology Equipment (lensometer, ocular ultrasound) (\$6,000) OB/GYN Ward (\$40,000)

Educational Scholarships (nurses, medical students, doctors) (\$6000/year) Orthopedic Ward (\$40,000)

OB Ultrasound Unit with Transducers (\$8,000) Digital X-ray Wall Mounted Unit (\$50,000)

CHP/Community Health Program Workers' homes revolving loan fund (\$6,000)

Short-term Mission Trip - Specify recipient's name: _____

PAYMENT INFORMATION

Please transfer my donation from my:

Checking Account [Please attach a voided check]

- OR -

Credit Card Account Number _____ Expiration Date ____ / ____



I understand my future donations will be transferred directly from my account as stipulated above. I understand that I may increase, decrease, or suspend my gift any time through the online donation form at www.cehguinea.org or by contacting Compassion Evangelical Hospital by phone or mail. All donations provided to Compassion Evangelical Hospital comply with U.S. Law.

Signature (Required) _____ Date _____