

**I WANT TO SUPPORT PEACE CORPS BY CONTRIBUTING TO A PARTNERSHIP PROJECT.**

I would like to support \_\_\_\_\_ in the amount of:  
(Project Number, Country Fund, Special Fund)

\$25 \$50 \$100 \$200 \$\_\_\_\_\_

CHARITABLE CONTRIBUTIONS TO THE PEACE CORPS ARE TAX-DEDUCTABLE UNDER SECTION 170(C)1 OF THE INTERNAL REVENUE CODE

**Donation Method:** Credit Card (*check one below*)

Visa/Master Card  American Express  Discover

Credit Card Number: \_\_\_\_\_

Expiration Date (*month/year*): \_\_\_\_\_ / \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

Check (*make check payable to Peace Corps Partnership Program*)

**First/Last Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Company/Group:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I authorize the Peace Corps to make my name and contact information available to the Volunteer and community I am supporting.

Would you like to make this donation as a gift or for a memorial? Please provide us with the following information:      Gift      Memorial

**Memorial or Gift Recipient:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WE ARE ONLY ABLE TO FUND A PROJECT UP TO THE AMOUNT THAT A VOLUNTEER REQUESTS. ONCE A PROJECT BECOMES FULLY FUNDED, ANY EXTRA FUNDS WILL BE ALLOCATED TO THE GLOBAL FUND WHERE THEY WILL BE USED TO SUPPORT PARTNERSHIP PROGRAM PROJECTS WORLDWIDE.

**BURDEN STATEMENT**

Public reporting burden for this collection of information is estimated to average 10 minutes. This estimate includes the time for reviewing instructions and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: FOIA Officer, Peace Corps, 1111 20th Street, NW, Washington, DC, 20526 ATTN: PRA (0420-\*\*\*\*). Do not return the complete form to this address.