OMB Control No.: 0420-0564

Expiration date: 11/30/2020



If you are inspired by impact that is hands-on, grassroots-driven, and lasting, making a donation to the Peace Corps Partnership Program (PCPP) is a powerful way to make a difference in our world.

First Name:	Last Name:	
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Address Line 1:	Line 2:	
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re you a Returned Peace Corps V	olunteer?	
	Years of service:	
ountry of Service:	(MM/YY – MM/YY)	

Charitable contributions to the Peace Corps are tax	c-deductible under section 170(c)(1) of the Internal Revenue Code.
I would like to support (chose one)	In the amount of (chose one)
Project Name*:	□ \$50
Country Fund:	□ \$100 □
Special Fund:	Other:
Payment Type:	
,,,	☐ Visa ☐ Master Card ☐ American Express ☐ Discover nemo section indicate "Peace Corps Partnership Program."
Check/Credit Card Number:	Expiration Date (mm/yy):
Cardholder Name:	

^{*}The Peace Corps is only able to fund a project up to the amount that a Volunteer requests. Once a project becomes fully funded, any extra or unused restricted donations will be allocated to the Global Fund to support other PCPP Volunteer projects worldwide.

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SPECIAL DESIGNATION

S.

I would like to make this donation □ In Honor Of or □ In Memory Of:							
First Name of Honoree:		ree:	Last Name of	Honoree:			
Who shou	uld we not	ify? Please provide	information for the p	erson we should	l contact about your dedication.		
Dedicatio	n Contact	Name:					
Dedication Address:		ress:		Line 2:			
City:		City:		State:	Zip/Postal Code:		
Dedication Email:							
Dedication Message (optional):		•					
Require :	^d □ Y€				ake my name and contact information n who will be notified of the dedication		
TAY CON	NECTED	(Required)					
			to stay informed of exciting Volunteer stories from the field and upcoming				
☐ Yes	☐ No	opportunities to donate to or partner with the Peace Corps. Peace Corps will not share your information with outside organizations.					
			•				
☐ Yes	□ No	I authorize the Peace Corps to make my name and contact information available to the Volunteer coordinating the project I am supporting.					
☐ Yes	□ No	I authorize the Peace Corps to include my name on the Donor Recognition Page of the Peace Corps website.					
business wit Peace Corp	th Peace Coss, please acecorps.g	orps, or otherwise check the box ab ov. Note: Serving	has business, financial ove and contact the	or other substa Peace Corps	currently doing business or seeking to do antial interests that may be affected by the Partnership Program at 202.692.2170 or not create a business, financial or other		
minutes. Thi agency may currently vali	s includes t not conduc d OMB co	the time for reviewing ot or sponsor, and pontrol number. Send	instructions and complersons are not required comments regarding t	eting the informa I to respond to, his burden estim	rmation collection is estimated to average 10 ion. This is voluntary information collection. An a collection of information unless it displays a late or any other aspect of this collection of ace Corps, 1275 First Street NE, Washington,		

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Authority: The Peace Corps Act (22 U.S.C. 2501 et seq.), as amended which authorizes the Peace Corps to accept gifts in furtherance of the purposes under the Act.

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Office of Gifts & Grants Management Mail/Phone-in Donation Form

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Disclosure: Completion of this form is voluntary; however, failure to complete this form may impair or delay the Peace Corps' ability to process your donation.