Donation Reporting Form

Please include this form with all cash/check donations that you need to send to PIH. Please also bring cash to the bank and convert it into a cashier’s check before sending it to PIH.

Mail any donations to:
Partners In Health
Attn: Nick Seymour
PO Box 996
Frederick, MD 21705-9942

Date: __________________

Your Full Name: ________________________________

Your PIH Engage Team (or location): ____________________

Please describe your event:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

If you would like these funds to be added to the total for your online donation page, please specify the URL of the page to which it should be added:
https://pih-ughe.donorsupport.co/-/______________________________

What is the name and email associated with the page (Who created it?)
Name: ________________________________
Email: ________________________________

Total amount included with this form (not including online donations): $________
Total number of donors this donation represents: #_______
Sample Check

Pay to the Order of: Partners In Health

Memo: PIH Engage - UGHE

Partner In Health

PIH Engage - UGHE