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: Samantha Kelts
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://partnersinhealth.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 fundraising connections this donation represents: # __________
Sample Check

[Image of a check]

Pay to the Order of [Partners In Health]

[Blank for amount]

Date [Blank]

Dollars [Blank]

Memo PIH Engage - MCOE

[Blank for routing and account numbers]