



# Invoice

Acknowledgement of Plans to Participate on the  
Chile Medical Mission Team  
July 30 - August 7, 2010

By completing this form you hereby acknowledge that you with IMR to reserve a space on the Chile Medical Mission Trip.

NAME \_\_\_\_\_  
COMPANY (IF APPLICABLE) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

SIGNATURE:

A donation of \$2,400 is required:

donate by check

**PLEASE MAKE CHECKS PAYABLE TO: INTERNATIONAL MEDICAL RELIEF  
INDICATE IN YOUR MEMO: CHILE MEDICAL RELIEF PROJECT**

I AM CONTRIBUTING \$ \_\_\_\_\_ TOWARD THE CHILE MEDICAL RELIEF PROJECT.

credit card payment

**FOR CREDIT CARD PAYMENTS PLEASE COMPLETE THE FOLLOWING AS A PAYMENT COUPON.**

PLEASE CHECK METHOD OF PAYMENT:    _____ MASTERCARD    _____ VISA
CARDHOLDER AUTHORIZES THE PAYMENT OF THIS INVOICE BY THE ISSUE IDENTIFIED BELOW, AND AGREES TO COMPLY WITH THE OBLIGATIONS SET FORTH IN THE CARDHOLDER AGREEMENT WITH THE ISSUER:
CARD NUMBER: _____ EXP. DATE _____
AMOUNT TO BE CHARGES: US\$ _____ CVV CODE ON BACK: _____ BILLING ZIP: _____
CARDHOLDER'S NAME: _____
CARDHOLDER'S SIGNATURE: _____

**PLEASE RETURN THIS FORM TO: INTERNATIONAL MEDICAL RELIEF  
IMR IS A REGISTERED 501C3. ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE TO THE EXTENT OF THE LAW.**

Please remit payment to the above address.  
Payment due upon receipt of this invoice.