Contribution Form (Europe)

Name: ______________________________________________________________________

Address: _____________________________________________________________________

Email: _______________________________________________________________________

Phone: _______________________________________________________________________  

Congregation: ____________________________________________________________________________

Enclosed is my contribution of $_________ (check #_________). I would like my contribution to be placed toward the following:

☐ Augusta Victoria Hospital Patient Assistance Fund: Assists patients in need with transportation, housing, food, and psychosocial care during their treatment at AVH.

☐ Mount of Olives Housing Project (MOHP): Will offer affordable housing for Palestinian Christians to support the local Christian presence and witness in Jerusalem.

☐ Vocational Training Program (VTP): Provides young men and women with vocational education and skills relevant to the local market needs.

☐ Scholarship Fund: Assists qualified university students with limited financial resources to achieve their academic goals.

☐ Elder Care and Palliative Medicine Institute (ECPMI): A project of AVH that will meet the pressing need for additional healthcare facilities for elderly Palestinians.

☐ LWF Jerusalem Program General Contribution: An undesignated contribution to the LWF Jerusalem Program is directed to where funding is needed the most at the time of the donation.

☐ Please add me to the LWF Email Newsletter

Please make checks out to: The Lutheran World Federation

Please return this form by mail to: The Lutheran World Federation
Attn: Veronique Debal
P.O. Box
150, route de Ferney
CH-1211 Geneva 2
Switzerland

For more information about the LWF Jerusalem Program, visit jerusalem.lutheranworld.org or email info@lwfjerusalem.org