

Contribution Form (USA and Canada)

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.
- Affordable Housing Project in Jerusalem (AHPJ):** 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 Program:** Helps students with limited financial resources to enroll in the LWF's Vocational Training Program (VTP).
- Elder Care and Palliative Medicine Institute (ECPMI):** Will offer additional healthcare facilities at Augusta Victoria Hospital in order to help meet the needs of Palestinians.
- LWF Jerusalem Program General Contribution:** Will support the LWF Jerusalem Program and will be 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**

For instructions on how to make tax-deductible contributions, please go to:

<https://jerusalem.lutheranworld.org/content/financial-support-91>

Please return this form by mail to: *Hope Lutheran Church*
Attn: LWF Jerusalem Program
4201 Guildford Drive
College Park, Maryland 20740

For more information about the LWF Jerusalem Program:

Visit: <https://jerusalem.lutheranworld.org>

Email: info.jerusalem@lutheranworld.org