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.
☐ 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: Hope Lutheran Church
Attn: LWF Jerusalem Program
4201 Guildford Drive
College Park, Maryland 20740

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