

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