



Adventist Development
and Relief Agency
International

12501 Old Columbia Pike
Silver Spring, MD 20904
1.800.424.ADRA

I would like to join ADRA in bringing hope to the hopeless throughout the world, here is my gift of \$_____.

Title: Mr. Ms. Mrs. Miss Dr. Prof. Rev. Other _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Your giving method:

My check payable to ADRA International is enclosed. OR

Please charge my: MasterCard Visa AmEx Discover

Card #: _____ Exp. Date: ____/____

Security code: _____

Signature (Required if paying by credit card):

In addition to my one-time gift, I would like to become a monthly ADRA partner. Please automatically charge \$_____ to the above credit card each month. I understand that I can change or cancel my monthly pledge at any time.

