

Yes! I'd like to become a monthly sustainer to Hesperian in support of community health worldwide.



I would like to make a monthly donation of:

- \$10 \$30 \$50 \$100 Other _____
(one dollar a day)

Please charge my donation to my Visa/MasterCard (circle one).

_____ _____ _____
credit card # exp. date signature

Name _____

Street _____

City _____ State _____ Zip Code _____

E-mail _____ Phone _____

We would like to get to know you better!

I'm especially interested in Hesperian's work in:

- women's health environmental health
 HIV/AIDS workers' health and safety
 disability issues book translations

I'd like to receive...

- periodic email updates from Hesperian
 information about making bequests or planned gifts