MAIL-IN DONATION FORM

Donation Amount
☐ $25  ☐ $50  ☐ $125  ☐ $250  ☐ $500  ☐ $1,000  ☐ Other $____

Donor Information
First Name: _________________________     Last Name: _________________________
Address: ______________________________________________________________________
City: ______________________________     State: ________     Zip Code: __________________
Phone: ____________________________     Email: __________________________________

Donation Information
Payment Method:  ☐ Check (payable to Hostelling International USA)
                  ☐ Credit Card

Credit Card Information
Name on Card: _________________________________________________________________
Type of Card:  □ Visa     □ MasterCard     □ Discover
Card Number:_______________________________     Expiration: _________     Code: _____

Gift Designation
☐ Where the Need is Greatest     ☐ Developing New Hostels
☐ Supporting Youth Programs     ☐ Building the Endowment Fund
☐ Support a Specific Hostel: _________________________________

Gift in Honor/Memory of:
☐ Please send acknowledgement of this gift to:
  Name: _________________________________________________________________
  Address: __________________________________________________________________

Print this form and mail to: Hostelling International USA- Office of Philanthropy
8401 Colesville Road, Suite 600 Silver Spring, MD 20910

If you have any questions about supporting HI USA or need assistance with making a donation,
please contact us at 888-449-8727 or giving@hiusa.org.