

# Medical Professionals on a Mission, Inc.

## Contribution Form

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We would like to make a contribution as a:

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- Other amount: \$ \_\_\_\_\_

Is this contribution being made in memory or in honor of someone special? If so, please complete the following:

- In memory of: \_\_\_\_\_
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We are making this contribution by:

- Check - Payable to: Medical Professionals on a Mission, Inc.
- Credit card - **Please visit: [www.MPOM.org](http://www.MPOM.org) (Donate tab)**

*95% of our resourced support medical missions and disaster relief. 4% community health education projects. 1% administration*

**Contributions to Medical Professionals on a Mission, Inc. are tax-deductible.**

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