

# SEA-HVO Traveling Fellowship

Every year 30 to 40 senior anesthesia residents apply to teach anesthesia for a month at an HVO anesthesia project site in a resource-scarce country. The number of residents selected will depend on the number of fellowships available. Please contribute to give anesthesia residents the opportunity to make anesthesia safer in Africa, Asia and South America.

Step 1

Donation Information (check one):

I will make a donation of:

\$100     \$250     \$500     \$1,000     Other: \$ \_\_\_\_\_

I would like to fund **my own named fellowship** for \$4,000 for one year.

Name: \_\_\_\_\_ Fellowship

I would like to make a gift of \$ \_\_\_\_\_ via a **recurring payment** to be deducted from the account I've indicated below.

I will begin my payments of \$ \_\_\_\_\_ on: \_\_\_\_\_  
(amount) (start date)

These will be made (check one):  annually     semi-annually     quarterly     monthly

The amount you've indicated above will be charged to your credit card or bank account listed below in accordance with your directions. You can cancel your payment at any time by contacting the HVO offices.

Step 2

Method of Payment (check one):

Check (make payable to "Health Volunteers Overseas" with "SEA Fellowship" in the memo field; for recurring payment, please enclose a voided check)

VISA     MasterCard     Discover     American Express

Card # \_\_\_\_\_ CVV \_\_\_\_\_ Exp Date \_\_\_\_\_

Step 3

Personal Information:

Signature (**required**): \_\_\_\_\_

Name: \_\_\_\_\_  
(please print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Tele: \_\_\_\_\_

**Please return this form to:**

**Health Volunteers Overseas**

1900 L St, NW • Suite 310 • Washington, DC 20036

Tel: (202) 296-0928 • Fax: (202) 296-8018 • [www.hvovusa.org](http://www.hvovusa.org)

**Thank you for your support!**