



Guatemala Surgery Trip Donation Form

- \$25 sponsors **ONE OPERATION** for a Guatemalan
\$150 sponsors an **operating room for ONE DAY**
\$600 sponsors **one operating room for ONE WEEK**
\$3,000 sponsors **all OPERATING ROOMS & PATIENT CARE**
for one week.

Name: _____

Address: _____

City, State, Zip: _____

I wish to sponsor

- \$ 25.00 one surgery (if more than one: _____ surgeries)
 \$ 150.00 operating room for one day
 \$ 600.00 operating room for one week
 \$3,000.00 all operating room and patient care for one week.

My total donation is: _____

Please make checks payable to **Guatemala Surgery/Common Hope.**
Your donation is tax deductible.
THANK YOU!

Please return this form and your donation to:

Susan Graber
5039 Bryant Avenue South
Minneapolis, MN 55419