



Guatemala Surgery Trip Sponsorship Form

\$25.00 will sponsor one operation for a Guatemalan.

Name: _____

Address: _____

City, State, Zip: _____

I wish to sponsor _____ patient(s) at \$25.00/patient

My total donation is: _____

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

THANK YOU!

Check if you would like to receive a photo of the patient(s) you are sponsoring.

Please return this form and your donation to:

Susan Graber
5039 Bryant Avenue South
Minneapolis, MN 55419