OMB Control No.: 0420-0564

Expiration date: 08/31/2025



If you are inspired by impact that is hands-on, grassroots-driven, and lasting, making a donation to the Peace Corps Partnership Program (PCPP) is a powerful way to make a difference in our world.

D	NC	OK I	NFC	PRIVI	AHON
---	----	------	-----	-------	------

First Name:	Last Name:	
Company/Group:		
Address Line 1:	Line 2:	
City:	State:	Zip/Postal Code:
Primary Phone:	Email:	
Are you a Returned Peace Corps V	olunteer?	
	Years of service: (MM/YY – MM/YY)	
Country of Service:		
Chantable continuutions to the reace	· Corps are tax-deductible under section	1/0(c)(1) of the Internal Revenue Code.
Charitable contributions to the Peace	Composition de la constitución d	470( )(4) (4) (4) (5)
	•	170(c)(1) of the Internal Revenue Code.
I would like to support (chose on	•	In the amount of (chose one)
I would like to support (chose on Project Name*:	•	* * * *
I would like to support (chose on Project Name*:	e)	In the amount of (chose one)
I would like to support (chose on Project Name*:	e)	In the amount of (chose one)  □ \$50
Project Name*: Country Fund:	e)	In the amount of (chose one)  □ \$50 □ \$100
Project Name*: Country Fund: Special Fund:	e)	In the amount of (chose one)  \$50  \$100  Other:
I would like to support (chose on Project Name*:  Country Fund: Special Fund:  Payment Type:  Check/Money Order (Please attach	e)	In the amount of (chose one)  \$50  \$100  Other:  American Express  Discover
I would like to support (chose on Project Name*:  Country Fund: Special Fund:  Payment Type:  Check/Money Order (Please attach	) Uisa Master Card	In the amount of (chose one)  \$50  \$100  Other:  American Express Discover

<sup>\*</sup>The Peace Corps is only able to fund a project up to the amount that a Volunteer requests. Once a project becomes fully funded, any extra or unused restricted donations will be allocated to the Global Fund to support other PCPP Volunteer projects worldwide.

OMB Control No.: 0420-0564

Expiration date: 08/31/2025

## SPECIAL DESIGNATION

l w	ould like	e to mak	e this donation	on 🗆 In Honor (	Of <b>or</b> $\square$ In Memory	Of:		
Firs	First Name of Honoree:			Last N	ame of Honoree:			
Wh	o should	we notif	y? Please provi	ide information f	or the person we should	contact about your dedication.		
Dec	dication (	Contact N	lame:					
	Dedication Address:				Line 2:			
	City:				State:	Zip/Postal Code:		
		ation Em						
	Dedicati	ion Messa (option	-					
Re	quired:	□ Yes	□ No			ike my name and contact information n who will be notified of the dedication.		
STAY	CONN	ECTED	(Required)	)				
			I would like to	stay informed of	exciting Volunteer stori	es from the field and upcoming		
	Yes	□ No	opportunities to donate to or partner with the Peace Corps. Peace Corps will not share your					
			information with outside organizations.					
	Yes	□ No	I authorize the Peace Corps to make my name and contact information available to the Volunteer coordinating the project I am supporting.					
	Yes	□ No	I authorize the Peace Corps to include my name on the Donor Recognition Page of the Peace Corps website.					
with P please	eace Cor check th	ps, or oth ne box ab	erwise has bus ove and contac	iness, financial or at the Peace Corp	other substantial intere s Partnership Program a	ntly doing business or seeking to do business sts that may be affected by the Peace Corps, t 202.692.2170 or <a href="mailto:donate@peacecorps.gov">donate@peacecorps.gov</a> . To their substantial interest in this context.		
minute agenc valid C	es. This in y may not OMB contr	ncludes th conduct o ol number	e time for review or sponsor, and p . Send comment	ving instructions and persons are not requestreaming sales.	nd completing the informat uired to respond to, a colle rden estimate or any other	rmation collection is estimated to average 10 ion. This is voluntary information collection. An ction of information unless it displays a currently aspect of this collection of information, including eet NE, Washington, D.C. 20526.		
of the		informatio				ivacy Act of 1974 (5 U.S.C. 552a) to advise you tion that the agency maintains and uses in its		
		Peace Cor under the		C. 2501 et seq.), as	amended which authorize	s the Peace Corps to accept gifts in furtherance		
Purpos	Purpose: The primary use of the information on this form is to process your financial donation.							

Routine Use: Use of the information collected on this form is restricted to the purposes cited in this privacy statement or unless the disclosure is otherwise permitted under the provisions of the Privacy Act of 1974, 5 U.S.C. 552a (b) "Conditions of Disclosure," and the agency's privacy policy. The information you provide on this form may be shared under the general system of records routine uses A through M that apply to this system. For information on these routine uses, click on the link to the Peace Corps Privacy webpage. This information collection is covered by System of Records Notice PC-10, Office of Private Sector Initiatives Database. Your name and donation amount may be disclosed as part of a valid FOIA request to obtain access to donor information collected by the Peace Corps as an independent agency under the Executive branch of the United States government. The agency is committed to ensuring that any personal information it receives is safeguarded against unauthorized disclosure.

Disclosure: Completion of this form is voluntary; however, failure to complete this form may impair or delay the Peace Corps' ability to process your donation.