

## INMED Scholarship Contribution

The purpose of this contribution is to assist INMED diploma students and health professionals with the expenses related to their international study and service. Such expenses usually include airfare, enrollment fee, passport, visa, vaccinations, travel insurance, local transportation, and housing and meals at the international site.

INMED welcomes any individual or organization to make a contribution toward an individual's Scholarship Fund. A tax-deductible receipt will be sent for each contribution. To assure your contribution is credited to the correct individual and that you receive a proper receipt, please complete the follow information and return this form together with your contribution.

### For whom are you making this contribution?

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

### Amount of your contribution

Amount: \_\_\_\_\_

### Your contact information

Full Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Street address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Please mail this completed form along with your check to:

INMED – Institute for International Medicine  
6700 Troost Ave, Suite 224  
Kansas City MO 64131-4401

Please visit our website to learn more about INMED: [www.inmed.us](http://www.inmed.us)  
Contact us with any questions at 816-506-1777 or [office@inmed.us](mailto:office@inmed.us)

