



HONDURAS COMPASSION PARTNERS APPLICATION FORM

Full Name: _____
(As it appears on your passport)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email: _____

Date of Birth: _____

Citizen of: USA Canada Other: _____

Passport Number: _____ Expiration Date: _____

Employer: _____

Spouse Employer: _____

Why are you asking for employer information?

Great question! Many employers offer a 'Double the Donation' Program where they will match their employees donations to a 501(c)3 non-profit organization up to a certain amount. Some companies even go as far as to match the donations of their spouse! The expenses of your trip to HCP are considered donations and may qualify to be matched! When you provide us with your employer information, our Advancement Team will do all the work of finding out what your employer's program allows then gets you only the information you need to make your donation go further. This has the potential to have a huge impact on our ability to serve the people of Honduras, thank you for your partnership with us!

MISSION TRIP YOU ARE APPLYING FOR:

TEAM NAME: _____

TEAM LEADER: _____

TRIP DATE: _____

T-Shirt Size: Small Medium Large X-Large XX-Large

Do you speak Spanish? No Yes