



Know Thy Heritage, Inc.

Leadership Initiative "Explore and Serve Palestine"

Donate Today and Sponsor a Palestinian Youth to Visit Palestine Palestinian Birthright Initiative

Join us in sponsoring Know Thy Heritage (KTH) Delegation to "Explore & Serve Palestine," June 27 -July 11th, 2024. Your support will allow Palestinians to UNITE in common cause to build and Serve Palestine. Over 450 young Palestinian from 22 countries been able to live and serve Palestine! The once-in-a-lifetime experience you have the opportunity now to help another young Palestinian do the same. The best way to preserve our Palestinian heritage is to share it with others. We believe it is our responsibility to keep Palestinian history, Heritage, culture, and identity intact for coming generations so that they may have the same opportunities to connect with their roots.

We invite you to watch KTH video: <https://youtu.be/Y8PkKchRIVs> or watch and hear what the KTH 2022 delegates reflection <https://tinyurl.com/bdcs5h3c>



Can we count on you to do one of the following?

Pledge to give **\$25/month** for one year to help bringing our young Palestinians home, one person at a time. Or make a one-time donation of any amount at <https://kthps.org/donate>

Receive a gift
the "Key of Palestine" for any donation over \$1000.00

Select your donation amount (Donation By Mail)

_____ Custom Donation for Amount of \$_____ Is this a recurring donation? Yes_____ No_____

One time _____ Monthly _____ Quarterly _____ Annually _____

_____ \$500.00 Sponsor the cost of a bus for one day for the KTH 2024 delegation in Palestine

_____ \$600.00 Sponsor the cost of a Dinner or Lunch for the whole KTH 2024 delegation in Palestine

_____ \$1300.00 Subsidize 50% of the registration fees to help a Palestinian youth to go to Palestine

_____ \$2600.00 Donate 100% registration fees to help a Palestinian youth to go to Palestine

Your Billing Information

Your Name:		Phone:			
Address:					
Email:					

Credit Card Information

Card Type:	___ MasterCard	___ VISA	___ Discover	___ AMEX	___ Other: (_____)
Cardholder Name:					
Credit Card Number				CVV:	
Expiry Date: (mm/yy)				Signature:	

Mail the form to:

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