

2012

Annual Report





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Empowered mothers



Dear m2m Family,

Thank you for your wonderful and enthusiastic ¡bienvenidos! From donors to partners, to local implementers, and head office and country teams... I have been overwhelmed by the love and ownership I have witnessed for the work that we accomplish at mothers2mothers.

New leadership, new initiatives, but a laser focus on our mission. I come to m2m with a desire to supercharge our current work and prepare us for the future. In doing so, I know one very important fact: HIV-positive/negative pregnant women are not only our core beneficiaries, they should also be the drivers of how we prioritize our services.

Healthy mothers, healthy babies, stronger families... transformed nations. As we accomplish our mission, we must be cognizant of the full set of needs of those we serve and recognize there are a host of serious health issues challenging sub-Saharan Africa that m2m is well positioned to address. Shaping our new initiatives is a commitment to transform healthcare in sub-Saharan Africa from a disease/problem-orientation to one of healthy engagement and well-being.

Incredible achievements, but much work lies ahead to accomplish the goals of the Global Plan. It has been 30 years since AIDS was first discovered in children and over the past decade significant progress has been made in preventing the transmission of HIV from mother to child. (please see our "30 Years of Paediatric AIDS Timeline," pp 16-17). In the communities and facilities in which we work, we remain dedicated to accomplishing the goals of the United Nations

Global Plan—eliminating new HIV infections among children and keeping their mothers alive—so that all children are as healthy and hopeful as the boy pictured at left.

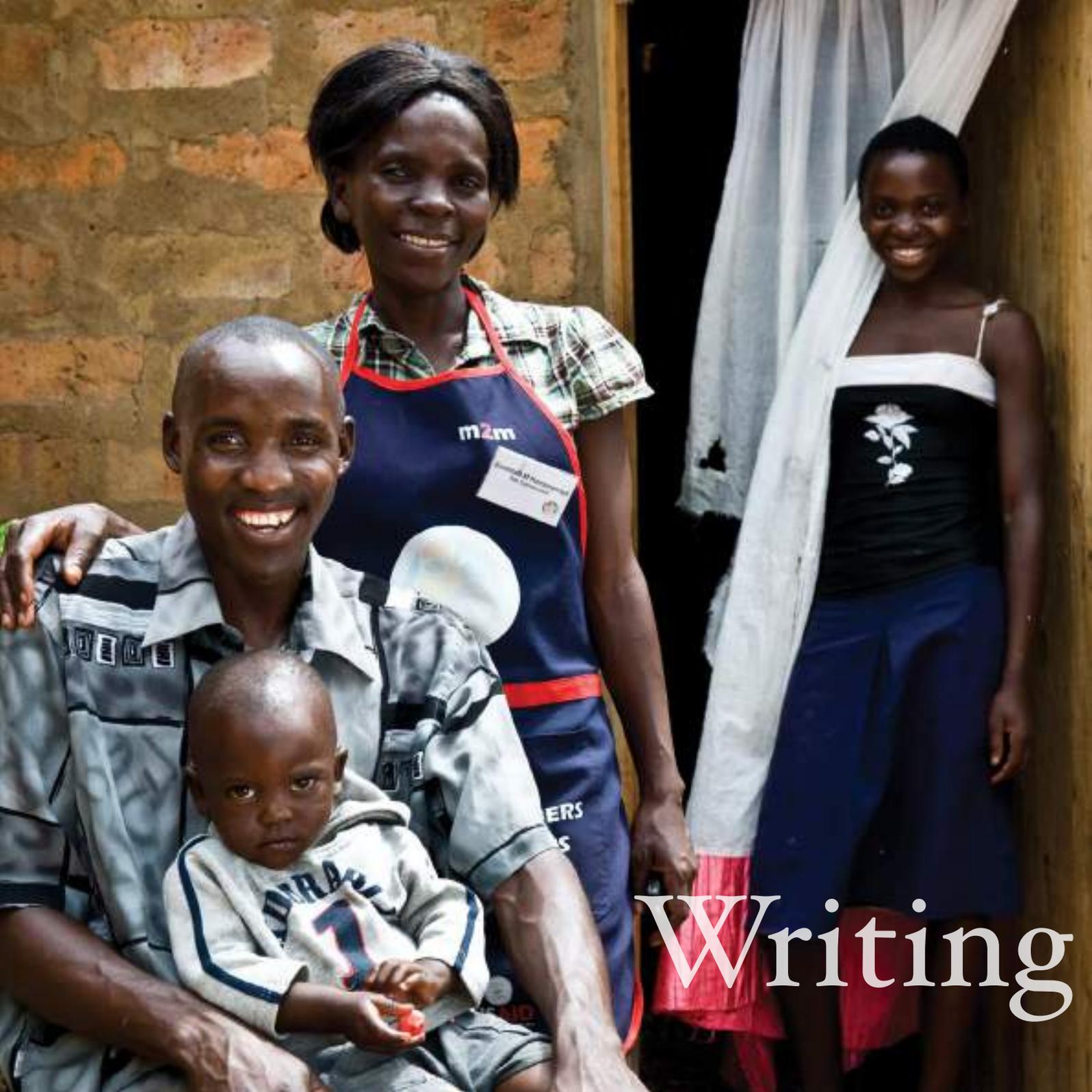
mothers2mothers is an Africa-based leader with global reach. Moving into our 12th year, we are revisiting, restructuring, and revitalizing our programs. However, the changes we have chosen to implement are designed to ensure that m2m continues in its role as a local implementer and global leader in empowering mothers living with HIV, through education and employment, to be mentors and role models in health facilities and communities.

Our name is simple. Our mission is clear. As we continue our drive to engage women and families in quality healthcare systems, we know that we will be leaders building a world where empowered women drive the elimination of pediatric AIDS and create health and hope for themselves, their babies, and their families.

Warmly,

Frank Beadle de Palomo
President and Chief Executive Officer

nurture healthy families.



Writing



Dear Friends,

The best way to sum up 2012 is that it was a year of changes – both exciting and challenging. It was a time of growth as we expanded the depth and breadth of our services. It also marked a transition in the pandemic as exciting data showed that an HIV-free generation is within reach!

For eleven years, m2m has trained and employed Mentor Mothers to support and educate mothers living with HIV. At our largest footprint, we reached HIV-positive mothers in more than 700 program sites in nine African countries. But we've always aspired to do more. We recognize that this will be possible only by engaging governments to integrate the Mentor Mother model into their own healthcare systems. Looking to the future, we will continue delivering services ourselves, while also helping develop the capacity of local implementing partners, as well as governments, to put mothers at the center of PMTCT (prevention of mother-to-child transmission) and RMNCH (reproductive, maternal, newborn, and child health). The Kenya Mentor Mother Program (KMMP), launched in 2012, is the wonderful result of such efforts. We've also taken first steps towards incorporating the Mentor Mother model into South Africa's national healthcare systems! (story on pp 8-9).

Such gains don't come without losses. In order to successfully make this transition, m2m had to scale down its direct service operations in South Africa. However, once the program is fully implemented by the South African government, we anticipate Mentor Mothers will be in a position to reach even more women and families with quality care than in the past.

In 2012, m2m expanded its mission to integrate comprehensive RMNCH services into the Mentor Mother

model (pp 6-7). Mentor Mothers will now not only see that mothers and children receive the best care during pregnancy and infancy, but will also keep families engaged within the healthcare system by providing education and support on critical medical issues, such as tuberculosis, immunizations, nutrition, and early childhood development. In addition, m2m is moving from solely providing facility-centered care to services that begin in clinics and hospitals and reach into communities and villages. Very exciting stuff!

Finally, new directions need strong, visionary leadership. We are grateful to Gene Falk who served as m2m's CEO for seven years, and was instrumental in the expansion of m2m throughout sub-Saharan Africa. We are now blessed to welcome someone we also trust with our "baby," our new CEO, Frank Beadle de Palomo. Frank's passion, commitment, and experience are very welcome as we look forward together to helping create a world where a child growing up in Africa attends more birthday parties than funerals and where empowered mothers nurture healthy communities.

Warmly,

Dr. Mitch Besser
Founder

Robin Allinson Smalley
Co-Founder & Director, m2m U.S.

the next chapter...

Each day, approximately 800 children are infected with HIV.

90% of these children live in sub-Saharan Africa, and most acquire HIV from their mothers during pregnancy, childbirth, and breastfeeding.

It's unacceptable... it's tragic... because it's almost entirely preventable.

Effective and inexpensive medical interventions are available that can keep mothers and babies healthy. Yet the stigma of HIV and a severe shortage of doctors and nurses make it difficult for women to get the care they need.

mothers2mothers (m2m) helps women and their families access essential medical care. We train, employ, and empower mothers living with HIV to provide health education and support to prevent the transmission of HIV from mothers to babies and improve the health of women, their partners, and families. These Mentor Mothers work alongside doctors and nurses in understaffed health centres as members of the healthcare team. They are paid and trained, which holds them accountable for positive results. By virtue of being professionalised, Mentor Mothers become role models in their communities, reducing the stigma associated with HIV.





We believe in the power of women to eliminate paediatric AIDS and create health and hope for themselves and their babies, families, and communities.



Our mission is to impact the health of mothers by putting them at the heart of improving reproductive, maternal, newborn, and child health. Our Mentor Mother Model empowers mothers living with HIV, through education and employment, as role models to help other women access essential services and medical care.

Through this **Mentor Mother Model**, we work with governments, local partners, and communities to:



Eliminate
HIV infections
in children



Reduce
maternal and
child mortality



Advance healthy
development
of newborns
and children



Improve
the health
of women,
their partners,
and families



Promote
universal
access to
reproductive
health and
family planning



Reduce
stigma and
discrimination



Promote
gender
equality



Support livelihood
development
for families
and communities

Redefining scale: weaving Mentor Mothers into the *national* fabric

Since its founding, mothers2mothers has been committed to ensuring that no baby is infected with HIV and no mother dies of AIDS. In our early years of service, we approached this goal by expanding our Mentor Mother programme to more sites in more countries. Yet, we have long understood that in order to expand our reach even further and realise an HIV-free generation, we have to redefine our scale by weaving Mentor Mothers' services into the fabric of national healthcare systems across Africa. Through integration, we can strengthen these systems and improve overall quality. In 2012, we took a major step closer to achieving this when the governments of Kenya and South Africa, with m2m's technical assistance, began establishing national Mentor Mother programmes to offer health education and mentoring services.

Kenya Mentor Mother Program (KMMP)

In November, 2012, the Kenya Ministry of Health officially launched the Kenya Mentor Mother Program (KMMP), becoming the first nation to take the Mentor Mother model to scale by integrating it into its healthcare system. Modelled on mothers2mothers' Mentor Mother programme, providing service in Kenya since 2008, the KMMP is designed to address the challenges that HIV-positive women face when trying to access and adhere to available and essential treatment.

The Kenya government has recognised the important role Mentor Mothers play in helping women overcome barriers to treatment – stigma and discrimination, lack of accurate information, low male involvement, and understaffed health facilities. Consequently, it has taken the lead in developing national standards and tools to guide partner organisations to employ and train mothers living with HIV as Mentor Mothers to work at health facilities throughout the country. Adding Mentor Mothers to the healthcare team will allow doctors and nurses to focus on providing clinical care and will provide all pregnant women and new mothers with peer education and psychosocial support.

As integrated members of the healthcare team, Mentor Mothers become leaders and role models, inspiring and educating clients to make healthy choices for themselves and their families. □

(KMMP national guidelines)

The KMMP is the centrepiece of Kenya's new national eMTCT (elimination of mother-to-child transmission) framework developed to achieve the global goals of eliminating new HIV infections among children by 2015 and keeping their mothers alive.

South Africa

m2m is close to establishing a national Mentor Mother programme in South Africa under a new cooperative agreement with USAID signed in 2012 and guided by strategic discussions with the South African government. In 2013, m2m is assisting with the development of Mentor Mother programmes that will be run by local authorities in at least seven priority districts spread across five provinces.

Once fully implemented, South Africa's new Mentor Mother programme will operate in 600 sites, twice as many as m2m previously operated in the country. In addition to providing services to prevent mother-to-child transmission of HIV, the programme will expand to cover a wider range of health issues, including TB screening, infant immunisations, family planning, support for HIV-negative women, and education about cervical cancer screening, gender-based violence and infant nutrition.

The U.N. Global Plan

The scale-up of Mentor Mother programmes in countries most affected by the HIV epidemic is identified as a key strategy in the United Nations Global Plan to reduce maternal deaths by half and eliminate new HIV infections among children by 2015. The Plan encourages national accountability and country-driven initiatives to achieve these results. It also calls for the meaningful participation of mothers living with HIV in developing policies, designing programmes, and providing care.

mothers2mothers is a member of the Global Plan governing body, the Global Steering Group. It is also a member of the Inter-agency Task Team on the Prevention and Treatment of HIV Infection in Pregnant Women, Infants and Children, which provides technical guidance to the 22 countries targeted by the Global Plan. Through these two organisations, m2m is able to promote the interests of mothers living with HIV and the efforts of mothers2mothers to meet their needs.

As we believed when we began the first Mentor Mother programme in South Africa in 2001, mothers play a crucial role in helping women and babies stay healthy and provide much needed assistance to Africa's severely understaffed health systems. We are grateful that the global community and national governments are embracing the services Mentor Mothers can offer and are putting them front and centre in efforts to end paediatric AIDS and promote healthy motherhood.



Why we do *what* we do

Since the m2m programme came into the country, we have seen much improvement. The programme has done very well for the country, and we are very, very proud of the programme. □

**The Honourable Benedict Xaba,
Minister for Health, Swaziland**

“I am a member of the fathers2fathers group that meets once a month at the hospital. I am feeling very proud of myself as recently I spoke at a funeral of a villager and openly told people about my status. This is a big step for me. I thank m2m Mentor Mothers for the support they provided my wife and baby and for helping open my eyes. □

Father, Lesotho

□The wisdom that m2m programme has put towards empowering our HIV-positive women and their families is beyond the expectations of healthcare workers. We have seen reduction of stigma and discrimination, hence improvement of adherence. The government should ensure the mentor programme is rolled out in all health centres. □

Former Head Nurse, Kenya

□As Mentor Mothers, we are lifesavers to our patients because they learn not to be afraid of HIV, and instead see it as a second lease on life. □

m2m Mentor Mother, South Africa

□Before becoming a Mentor Mother, I was neglected and known to be sick, useless, and just waiting to die. I am now seen as a role model in the community and people call me “Musawo” (health worker) because I work alongside health workers who refer clients to me for education and support. □

m2m Site Coordinator, Uganda

□Thanks to m2m I did not give HIV to my baby. Without m2m, I do not know how my child would have been. The message to my friends is that when you are pregnant, do not get worried, go get tested because m2m will help you through the process and after the baby is born. □

m2m Client, Malawi

NG

1,200,000+

HIV-POSITIVE WOMEN REACHED BY m2m OVER THE PAST FIVE YEARS*

HIV-positive women reached per country:

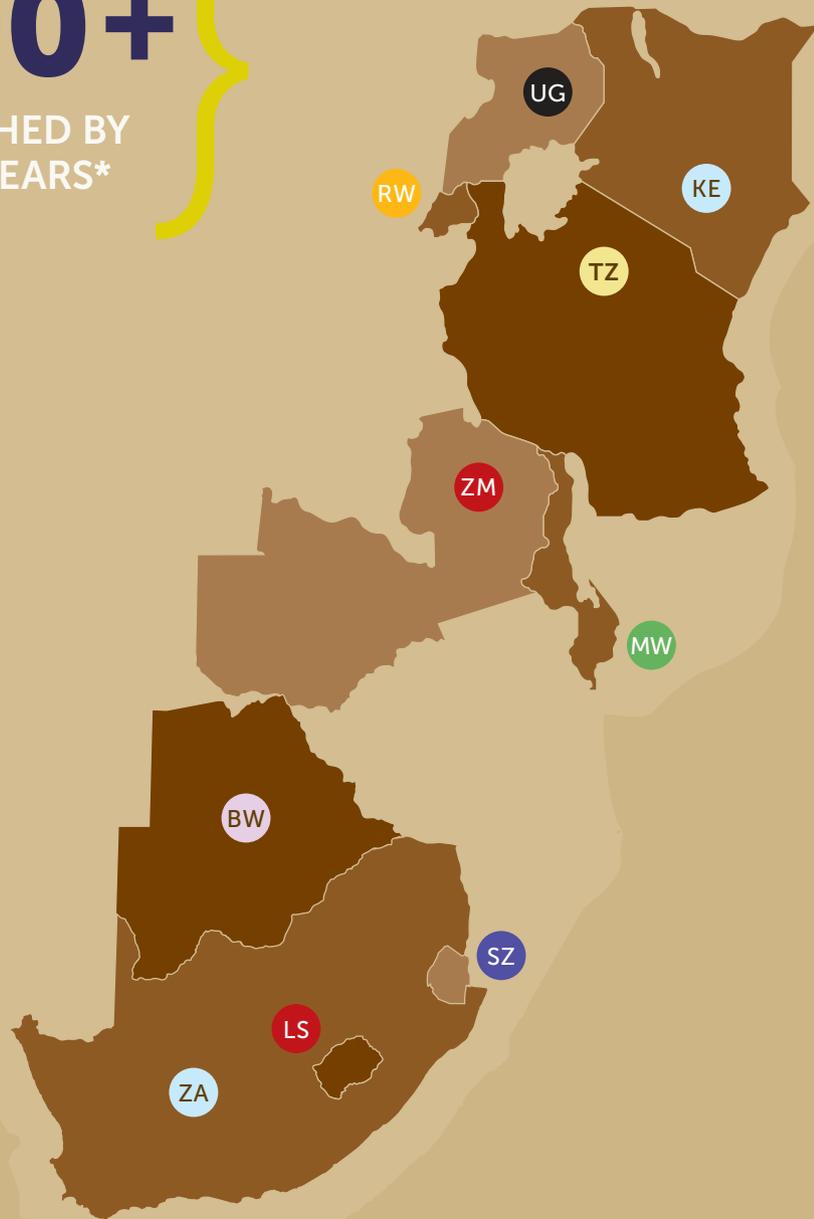
- KE** KENYA {92,000}
- LS** LESOTHO {60,000}
- MW** MALAWI {74,000}
- RW** RWANDA {18,000}**
- ZA** SOUTH AFRICA {809,000}
- SZ** SWAZILAND {104,000}
- TZ** TANZANIA {4,000}
- UG** UGANDA {8,000}
- ZM** ZAMBIA {47,000}**

BW **NG** In 2013, m2m hopes to begin work in other high HIV burden countries, including Botswana and Nigeria.

*Not all m2m country programmes were open the full five years.

**Our programmes in Rwanda and Zambia closed in May 2011 and January 2012, respectively, after successful completion of project objectives.

Disclaimer: mothers2mothers strives to present the most accurate and current measures of our programme's performance. However, it is a challenge to collect reliable data in many of the places where we work. We update programme output and outcomes as frequently as our data collection and analysis systems permit, and closely monitor the quality of our data.



A Mother's Story

—By Emily Akinyi Orinda, a 24-year-old Mentor Mother from Kisumu, Kenya

I first got to know about my HIV status on January 15, 2009, during my antenatal clinic visit while pregnant with my second child. After a nurse told me I was positive, I was so confused and couldn't believe my result. I was convinced that I was going to die the next day.

One of m2m's Mentor Mothers invited me to talk to her in m2m's room at the health facility. The Mentor Mother began by telling me that she was also HIV positive which started me on a journey to accepting my own status. My big worry was giving birth to an HIV-positive baby, but she told me how I could prevent my unborn child from contracting the virus and that gave me hope.

When I went home, I told to my husband everything. He was in disbelief and said I couldn't possibly be positive and blamed me for bringing the virus into our marriage. I could not deny it because I had been told that there are cases where one partner is positive and the other is negative, so there was a chance that he could be negative. We did not speak to each other the entire weekend. After two days of silence, he went for HIV tests at three different facilities and was found to be negative each time. I still couldn't believe it until he was tested for a fourth time in my presence. Little did I know that we were about to face some of our toughest challenges after getting these results.

My husband told me to go back to my parents' home but I pleaded that he allow me to stay until I delivered. He gave me time and told me that immediately after I had the baby, I was to leave him to lead his own life.

My sole mission in life became preventing my baby from getting HIV. I joined a support group at the health facility run by the Mentor Mothers where I became an active member.

The Mentor Mother who I was assigned to became my role model. I believed if she could live a positive and productive life and have a healthy, HIV-negative baby, then I could do that too. Even though my husband was worried that my participation in the support group would 'advertise' my positive status, I was determined to keep going because of the strength and education I was getting from the sessions.

After several months, my husband's attitude started to change and he even agreed to come with me to meet my Mentor Mother. It is from her that we were taught how to keep our marriage together, and that discordant couples such as ourselves could still continue to be in a relationship. I am glad to say that we were able to overcome our hurdles and are living happily as a family today.

In August 2009, I gave birth to my beautiful baby boy. February 28, 2011 – 19 months after my son was born – will always remain in my mind as one of the happiest days of my life. That's when his final test came back negative for HIV!

When m2m advertised that it was looking to recruit new Mentor Mothers, I jumped at the chance and applied. I was shortlisted and successfully passed the interview to become a Mentor Mother at Kisumu District Hospital where I am currently based. The fact that I can now help to provide for my family with my salary as a Mentor Mother has also encouraged my husband.

Mentor Mothers taught me how to keep my baby free of HIV. Things may have turned out so differently if I did not have their help. It is now my privilege to help other mothers have HIV-negative babies. I also like to support discordant couples so they can see that living a good life is still possible and hopefully help save their marriages.



I'm grateful that mothers2mothers empowers positive mothers because I am an example of what is possible. I also pray that the programme can reach every part of the country so that every HIV-positive woman who needs help keeping herself and her baby healthy can receive it.



January

Six U.S. Senators tour Site B in the township of Khayelitsha, outside Cape Town, in a visit organised by the Business Leadership Council for a Generation Born HIV-Free.



Memorable moments

March

m2m celebrates its 10th anniversary year at an event hosted by the South African High Commissioner in London. Dr. Mitch Besser and Mentor Mother Mpho Mbhele speak at the event.



May

Mentor Mother Tlalane Phafoli speaks at a bipartisan Mother's Day press conference announcing the U.S. House of Representatives' Resolution on eliminating paediatric AIDS and keeping mothers alive.

(Tlalane is pictured with Rep. Barbara Lee)

m2m receives the Henry R. Kravis Prize in Leadership.

(Robin Smalley and former m2m CEO Gene Falk flanked by Marie-Josée and Henry Kravis.)

March



Photo Courtesy of Claremont McKenna College 2012

May

m2m receives the 2012 Frontline Heroes Award presented by GBC Health and Johnson & Johnson.

(Michael Sneed, Johnson & Johnson's Vice President of Global Corporate Affairs, Mentor Mother Tlalane Phafoli & Robin Smalley)



© Whitney Kidder/GBCHealth



May

*m2m takes home three awards at the first **Health Innovation Awards** in Kampala, Uganda, sponsored by the Institute for Health Policy Management and Research, which recognise outstanding health programmes in the East African region.*

(m2m Kenya Country Director Nicole Fulton, on right, accepts the award.)



July

*Mentor Mothers Jackline Odongo and Agness Mkweu and South Africa Country Director Shungu Gwarinda attend the opening gala of the **XIX International AIDS Conference** in Washington, DC.*



September

*Robin Smalley appears on **The Ricki Lake Show**, a television talk show broadcast nationally in the U.S., to talk about mothers2mothers' work and how she got involved in the organisation.*



October

Babalwa Mbono, m2m trainer and former Mentor Mother/Site Coordinator, is accepted as a Civil Society Technical Advisor to the World Health Organization's (WHO) HIV Department in Geneva, Switzerland.



October

Frank Beadle de Palomo joins mothers2mothers as our new CEO!



November

*Dr. Mitch Besser speaks at the **UBS Global Philanthropy Forum** in St. Moritz, Switzerland.*

Courtesy of UBS

December

*UNAIDS Goodwill Ambassador **Princess Stephanie of Monaco** meets m2m staff at the Ivan Thoms Clinic in Mfuleni, outside Cape Town.*



Courtesy of Bruce Sutherland: City of Cape Town



1999: Discovery that a single dose of a drug, Nevirapine, given to mother and newborn baby, can reduce mother-to-child transmission of HIV by half; first intervention accessible to resource-poor countries.



{ 30 YEARS }

of paediatric AIDS

Number of children newly infected with HIV worldwide per year.

190,000
{1990}

260,000
{1992}

340,000
{1994}

420,000
{1996}

490,000
{1998}

540,000
{2000}



1983:
AIDS infections discovered in children.



1994:
First evidence that anti-retroviral drugs can prevent mother-to-child transmission of HIV; intervention available in resource-rich countries.

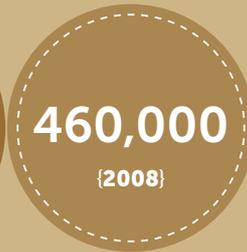
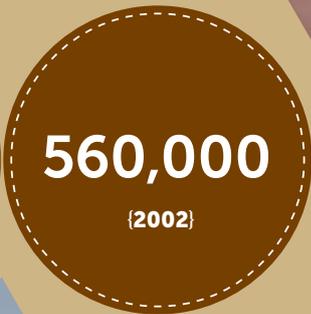




2003:
*U.S. President's
 Emergency Plan for
 AIDS Relief (PEPFAR) is
 initiated, becoming the largest
 commitment by any nation
 to combat a single disease
 internationally.*



2011:
*UN launches
 Global Plan to
 eliminate paediatric
 AIDS by 2015 and
 keep mothers
 alive.*



**New HIV infections in children
 dropped by 43% from 2003 to 2011.**



2001:
*mothers2mothers
 is founded.*



**An HIV-free generation is within our reach.
 The time is now.**

UNAIDS estimates 2012

Financial overview: 2012

Despite an increasingly competitive funding and difficult global economic environment, financial support remained strong for mothers2mothers' Mentor Mother model and role in the United Nations Global Plan to eliminate paediatric AIDS and improve maternal health. In 2012, combined revenue for all three of mothers2mothers' global entities (South Africa, U.K., and U.S.) amounted to \$18.3 million, representing a small decrease from 2011 combined revenue of \$19.6 million.

Support for mother2mothers' programmes continued from our largest donor, the United States Government—primarily from the U.S. Agency for International Development (USAID) through the President's Emergency Plan for AIDS Relief (PEPFAR)—as well as several long-standing and new partners, including: the Bickerstaff Family Foundation, Chevron, Elton John AIDS Foundation, Jasmine Trust, Johnson & Johnson, LGT Venture Philanthropy, MAC AIDS Fund, Merck and Co., Mulago Foundation, The Skoll Foundation, The South African Ministry of Health, and Starr Foundation. In addition, new multi-year funding agreements for projects in several countries were awarded to m2m by the U.K. Department for International Development (DFID) and UNICEF.

m2m continues to ensure that its financial resources are applied efficiently and effectively as it expands its programme focus to include technical services to assist host country governments and implementing partners develop capacity and strengthen health systems. In 2012, over 90% of mothers2mothers' financial resources were used in direct support of our programme activities. Separate audited financial statements for m2m's three global entities (South Africa, U.K., and U.S.), prepared in accordance with International Financial Reporting Standards (IFRS) and U.S. Generally Accepted Accounting Principles (GAAP), are available upon request.

Statement of Financial Position

Current Assets

Cash and cash equivalents	4,764,901
Contributions and other receivables	2,256,401
Other Assets	196,389

Total Assets **\$7,217,691**

Liabilities and Net Assets

Total Liabilities	2,527,815
Net Assets - Unrestricted	1,425,395
Net Assets - Temporarily Restricted	3,264,481
Total Ending Net Assets	4,689,876

Total Liabilities and Net Assets **\$7,217,691**

Statement of Activities

Revenue and Support

Grants and Contracts	17,336,664
Contributions	976,234
Other Income	19,970

Total Revenue and Support **\$18,332,868**

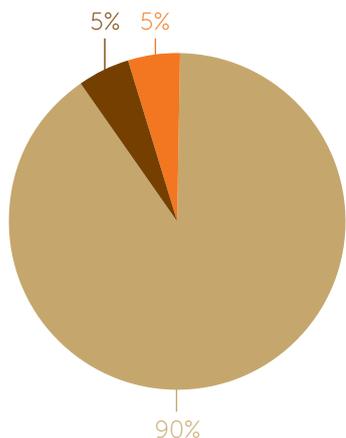
Expenses

Programme Services	14,276,331
Management and General	757,987
Fundraising	782,006

Total Expenses **\$15,816,324**

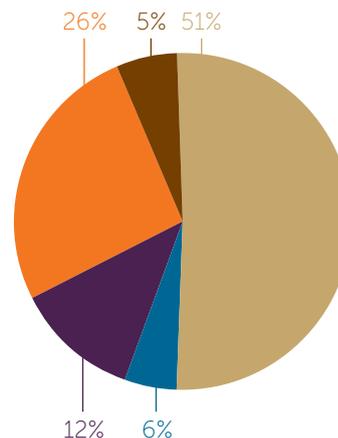
Changes in Net Assets **\$2,516,544**

Functional Expenses



- Programme Services
- Management and General
- Fundraising

Revenue by Category



- Government Grants
- Multilateral Grants
- Corporate Grants
- Foundations
- Private Contributions

Donors

*mothers2mothers gratefully
acknowledges all of the supporters
who contributed to the organisation.*

Donors listed here made gifts of \$500 or more
between January 1-December 31, 2012.

Thank you to all our additional donors
listed at www.m2m.org.

Over \$500,000

Bickerstaff Family Foundation
Johnson & Johnson
The Skoll Foundation
UNICEF
U.S. Government (President's Emergency Plan for AIDS Relief/PEPFAR):
Centers for Disease Control and Prevention (CDC)
Sub-award:
Support District-Level Implementation of the Zambia
Ministry of Health PMTCT (via a sub-award from
Boston University)
United States Agency for International Development (USAID)
Prime awards:
HIV-Innovations for Improved Patient Outcomes in South Africa,
South Africa Mentor Mother Programme
Kenya Mentor Mother Program
Mentor Mothers Reducing Infections through Support and
Education/ Regional HIV/AIDS Programme, RISE/RHAP
(sub-Saharan Africa)
Sub-awards:
Establishing Integrated PMTCT Peer Education and Support
Services in Tanzania (via a sub-award from EngenderHealth, Inc.)
Expanding & Enhancing mothers2mothers PMTCT Education &
Psychosocial Support Services in Swaziland (via a sub-award from
Management Sciences for Health)
PMTCT Programme in the Kingdom of Swaziland (via a sub-award
from Elizabeth Glaser Pediatric AIDS Foundation)
Rapid Response Mechanism for HIV/AIDS in South Africa
(via a sub-award from PACT)
STAR-EC, Strengthening TB and HIV/AIDS Responses in
East-Central Uganda (via a sub-award from John Snow, Inc.)
Strengthening Clinical Services in Lesotho (via a sub-award
from Elizabeth Glaser Pediatric AIDS Foundation)

\$100,000-\$499,999

Anonymous
Canadian International Development Agency
Chevron
Department of Health, Mpumalanga
The ELMA Foundation
Jasmine Charitable Trust
Marie-Josée & Henry R. Kravis Foundation
LGT Venture Philanthropy
MAC AIDS Fund
Malawi National AIDS Commission

Merck & Co, Inc.
Mulago Foundation
The Starr Foundation
Swedish Postcode Foundation via The Swedish Postcode Lottery

\$50,000-\$99,999

Anonymous
Comic Relief
Elton John AIDS Foundation
Randi & Dr. David Fett
Edward E. Matthews
Segal Family Foundation
Wallace Global Fund

\$25,000-\$49,000

LJC Fund
Bohemian Foundation
Cordes Foundation at the East Bay Community Foundation
Michael & Susan Dell Foundation
UBS Optimus Foundation

\$10,000-\$24,999

Aid for Africa
Anonymous
Athena Health
Global Giving
Judith & Steven Gluckstern
Hewlett Packard South Africa
Marex Spectron
The Curtis W. McGraw Foundation
Carol Hill & Richard R. Pickard
Carolina Manhusen Schwab & Martin Schwab
Stephen Lewis Foundation
Women's Worldwide Web

\$5,000-\$9,999

AfricaCom Awards
John Arnhold
David Blair
Leslie Brunner & Ryan Wise
Cecily Cameron & Derek Schrier
Family Life Association of Swaziland
Susan Gibson & Mark Bergman

Dr. S. Horsewood-Lee
Janet & Derek Lubner
Celia & David McCarty
Catherine & Tom Reagan
Rotary Club of Royston
Arlene & Mark Tibergien
Lizzie & Jonathan Tisch

\$1,000-\$4,999

Dr. Joan Abrahamson & Jon Aronson
AEA Investors LP
Anonymous
Shirley Baskin Familian
Robin Beningson & Salvatore Yannotti
Ruth & Dr. William Besser
Natalie & Andre De Cort
Mary Jane & William Driscoll
European Foundation for Management Development
Barbara & John Franklin Jr.
The Friedland Foundation
Sharon Galloway
Caroline Janda & Michel Glouchevitch
Google.org
Holly & Robert Gregory
Lisa Gruenberg & Michael Carmichael III
Hewlett-Packard ExpertOne Technology &
Solutions Summit 2012 - Frankfurt
Jane Consignment
Johnson & Johnson Matching Gifts
Barbara & Donald Jonas Family Fund
Kehillat Israel Tzedakah Teens Havurah Tova Board
Kehillat Israel Tzedakah Teens Neshama Board
Deborah Larkin
Ann and Douglas L. Matthews
Catherine & Ian McBride
Allyson McDonald
Linda Miller & Bruce Wolff
Emily Miller & Andrew D. Stern
Sarmite & James Mossop
Nedbank South African Charity Golf Day 2012
Paulomi & Rakesh Patel
The Rayne Trust
Julia Mary Ruchman
Susan & Anthony Sebba
Jana & Jed Simmons
Sondra & Marvin Smalley

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Kelleen Renee & Curtis Alan Snarr
Gloria & Morris Sobhani
Stephen Sobhani
The Ellen & Albert Stark Foundation Fund
of the Princeton Area Community Foundation
Carl W. Stewart
Liz Straight
William D. Temko
Tias Arms
Catherine M. Torres & Jose Andreu
Patricia & Enrique Torres
Ultimate Staffing Services
Wichita Falls Area Community Foundation -
Anonymous Donor Advised Fund
Laura Jean Wilson & Mark Jay Menting
Xpecting Maternity
Zeldin Family Foundation

\$500-\$999

Ackerman Family Foundation
Julian A. & Lois G. Brodsky Foundation
Cambridge Programme for Sustainability Leadership: South Africa

Audra Deveikis
Ilyas El-Amin
Livia & Colin Firth
Drs. Virginia Casper & Donna Futterman
Sandra & Andrew Graham
Dr. Anu & Arnie Gupta
Sir John Hegarty
Florence Henderson
Jill Horowitz
Annie & Paul Hudnut
Clive Mawer
Morton's
Amy & Steve Porter
Gavin & Joanna Prentice
R&L Architects
Janice Reals Ellig
Teresa & Dr. Richard Rothschild
Gregory Ruben
Mary & Peter Savin
Robin & Jeffrey Smalley
Sorooptimist International of Lakewood/Long Beach
Winkchop Productions
Baroness Denise Kingsmill

**A gift in tribute is a life-saving way to celebrate a special event
or honour a loved one.**

In memory of Sandy (Sanford) Allinson
Anonymous
Barbara & Rhett Austell
Simon Barson's Triathlon
Dr. Mitchell Besser
Debbie & Glen Bickerstaff
Kathleen Birrell
Edie Bronson
Annegret Danspeckgruber's Birthday
In memory of Arlene & Danny Dayton
Diane DerMarderosian
Rose Barron Dooley
Adriana Ennab's 50th Birthday
John Franklin
Donna Futterman's Birthday
Judy Gluckstern's Birthday

Mark Heffernan
MA
Denise Cabeza Malvey
In memory of Marie Matthews
Carol McCauley & David McMurry
Mary B. McTernan
Jennifer Moultrie
Cynthia & Ed Nicks
Rich, Carol & Jamie Pickard
Amy & Steve Porter's Wedding
Melinda Porter & Robert deVeer's Wedding
Julia Richman
Cita Sanders
Jana & Jed Simmons
Robin Smalley's Birthday
Gloria Sobhani

Alice Nicoll Taube
The Torres Family
Heather Troyer-Kulstad
Christina Vermillion
In memory of Craig Virden

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