



MARION MEDICAL MISSION



YES! I want to share God's love by providing clean water

Send check to: 1412 Shawnee Dr. Marion, IL 62959

Or donate online: www.mmmwater.org

\$50_____ \$100_____ \$250_____ \$450_____ \$1,000_____ Other \$_____

Designation:

Well (partial or \$450 to fully fund a well):_____ Full well plus admin (\$475):_____

School Scholarships:_____ Sponsor African Field Officer/Coord:_____ Administration:_____

Sustainability:_____ Where most needed:_____

Please print clearly:

Donor Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

In Honor of: _____ In Memory of: _____

Acknowledgement Card to: _____

Message: _____

Become a well partner by scheduling automatic monthly donations; contact us for assistance at: info@mmmwater.org