



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 _____ \$500 _____ \$1,000 _____ Other \$ _____

Designation:

Well (partial or \$475 to fully fund a well): _____ Full well plus admin (\$500): _____

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

Sustainability: _____ Where most needed: _____

Please print clearly:

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Email Address: _____ Phone Number: _____

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In Honor of: _____ In Memory of: _____

Acknowledgement Card to: Name _____

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