



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 \$500 to fully fund a well): _____ Full well plus admin (\$525): _____

Endowment: _____ Sponsor African Field Officer/Coord: _____ Administration: _____

Sustainability: _____ Where most needed: _____ School Scholarships: _____

Please print clearly:

Donor Name: _____

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

Email Address: _____ Phone Number: _____

Optional:

In Honor of: _____ In Memory of: _____

Acknowledgement Card to: Name _____

Address _____ City _____ State _____ Zip _____

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