

Malawi Giving Form



Chapter Name _____ # _____

Date _____

Amount of Donation _____

Sent by _____

Position in chapter _____

Address _____

Email _____

Please send your <i>donation</i> to:		Then send THIS FORM to:
Marion Medical Mission		Teresa Maguire, International Projects Chair
1412 Shawnee Drive		113 Young Drive
Marion, IL 62595		Fairfield, IL 62387

Please note that the cost of a well is now **\$400**. Please send a copy of this form to Teresa Maguire at the above address or by e-mail to internproj.lambda.ilstate@gmail.com before March 2, 2018 in order to be recognized at the April Lambda State meeting. If you have any concerns you can call Teresa at 618-842-3964
Thank you for your support.