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| **Chapter Name** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  # **\_\_\_\_\_\_\_** |   |
| **Date** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
| **Amount of Donation** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
| **Sent by** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
| **Position in chapter** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_ |   |
| **Address** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |
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| **Email** |  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |   |

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| Please send your ***donation*** to:  |   | Then send **THIS FORM** to: |
| **Marion Medical Mission** |   | **Donna Bowen, International Projects Chair** |
| **1412 Shawnee Drive** |   | 1704 Wilmar Drive |
| **Marion, IL 62595** |   | Quincy, IL 62301-6831 |

 Please note that the cost of a well is now **$400**. Please send a copy of this form to Donna Bowen at the above address or by e-mail to d-bowen@att.net before March 2, 2015 in order to be recognized at the April Lambda State meeting. If you have any concerns you can call Donna at 217-224-3581.

 Thank you for your support.