

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	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.