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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** |   | **Margie Barban, International Projects Chair** |
| **1412 Shawnee Drive** |   | 2370 Briar Cliff |
| **Marion, IL 62595** |   | Alton, IL 62002-6909 |

 Please note that the cost of a well is now **$400**. Please send a copy of this form to Margie Barban at the above address or by e-mail to barban@gmail.com before March 2, 2017 in order to be recognized at the April Lambda State meeting. If you have any concerns you can call Margie at 618-462-6798.

 Thank you for your support.